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ABSTRACT

This publication summarizes approximately 300 laws and resolutions concerning adolescent health and related issues passed by the 50 states, and U.S. commonwealths and territories between 1992 and 1994. The state legislation reflects the health problems that, on the whole, involve preventable behavior. Brief descriptions of laws are provided pertaining to the following topics: (1) sexual abstinence; (2) community health services; (3) contraception; (4) family planning; (5) HIV/AIDS and other sexually transmitted diseases; (6) insurance; (7) Medicaid; (8) mental health; (9) adolescent pregnancy and parenting; (10) school health and school-based health services; (11) sexuality education; (12) substance abuse; and (13) tobacco use. A state-by-state summary and list of a number of issue-related organizations and adolescent health coordinators of the 50 states are appended. (BAC)

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ADOLESCENT HEALTH ISSUES

STATE ACTIONS 1992-1994

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NATIONAL CONFERENCE OF STATE LEGISLATURES

ADOLESCENT HEALTH ISSUES

STATE ACTIONS 1992 - 1994

BY

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The National Conference of State Legislatures serves the legislators and staffs of the nation's 50 states, it's commonwealths, and territories.

NCSL was created in January 1975 from the merger of three organizations that served or represented state legislatures. NCSL is a bipartisan organization with three objectives:

- To improve the quality and effectiveness of state legislatures,
- To foster interstate communication and cooperation, and
- To ensure states a strong, cohesive voice in the federal system.

The Conference has an office in Denver, Colorado, and Washington, D.C.

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CONTENTS

Preface and Acknowledgments v

Executive Summary vii

State Abbreviations xi

Abstinence/Sexuality Education 1

Adolescent Health (Miscellaneous) 5

Community Health Services 7

Contraception/Family Planning 9

HIV/AIDS 13

Insurance 15

Medicaid 17

Mental Health 21

Pregnancy/Parenting 27

School Health/School-Based Health Services 33

Sexually Transmitted Diseases 37

Substance Abuse 39

Tobacco 47

Appendices

A. State-by-State Summary 53

B. Resource Directory 61

C. State Adolescent Health Coordinators/Directors 69

Acronyms and Abbreviations 76

PREFACE AND ACKNOWLEDGMENTS

Adolescent Health Issues: State Actions 1992 - 1994 summarizes approximately 300 laws and resolutions on adolescent health issues passed by the 50 states, the District of Columbia, and Puerto Rico. To avoid duplication, certain adolescent health issues, including violence prevention, juvenile justice, adolescents with developmental disabilities, and drinking and driving are not summarized in this publication. Information on health access and reform, immunization, injury prevention, insurance, Medicaid, prenatal care, and children and adolescents with special health care needs is in *Maternal and Child Health Legislation 1994*. Information on child abuse and neglect, child care and early childhood education, child mental health, child welfare, family law, juvenile justice, public assistance, and youth-at-risk appear in *1994 Legislative Summary: Children, Youth and Family Issues*. Both reports are available from NCSL.

The National Conference of State Legislatures is indebted to many state legislative staff who identified relevant legislation and sent copies of acts. NCSL staff also relied heavily on legislative summaries produced by state and national research agencies in creating this publication. In addition, the summaries from 1992 and 1993 were produced by NCSL's Children and Families Program and the Maternal and Child Health Project. Certain summaries on HIV/AIDS are copied with permission from the George Washington University Intergovernmental Health Policy Project, and many summaries on tobacco were provided by the Coalition on Smoking OR Health. Thanks to those organizations.

The following NCSL staff dedicated many hours to making this publication possible: Joanne Ourada, staff assistant, was responsible for word processing, organization, layout, and checking; Tracey Hooker, program manager, supervised editing and production; Martha King, program principal, provided expert guidance and editing; Kelly Perez, research analyst, identified legislation from many states; and Julie Lays and Karen Fisher made the final edits.

The cover and internal illustrations are the creative works of students in grades six through 12 at Cole Middle School and the Cole Denver School of the Arts in Denver, Colo. The cover design was produced by 11th-grader Adam Espinoza, and the other artists' names appear with their illustrations. Thanks also to Bruce Holdeman and Constance Goetz of 601 Design, Inc., for adapting the art and art educators Brooke Stoyer and Darrell Tomlinson for organizing their schedules to allow students to participate in the contest.

This publication is made possible in part through a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH) (U87/CCU810205-02). The HIV and Adolescent Health Project, funded by cooperative agreements from the CDC National Center for Prevention Services and the Division of Adolescent and School Health, monitors HIV/AIDS and adolescent health issues and shares policy information with state legislatures. Grant funds are used for an information clearinghouse, publications, in-depth state technical assistance, and the facilitation of dialogue between state legislators and key state agency officials through roundtable meetings.

The author apologizes for information inadvertently omitted and for any errors. NCSL appreciates being notified about mistakes. If you have any questions or requests for further information, please call NCSL's HIV and Adolescent Health Project in the Denver office at (303) 830-2200.

EXECUTIVE SUMMARY

Adolescents need basic health care and other services that address risky behaviors such as sexual activity, accidents, violence, alcohol and other drug abuse, and the consequences of those behaviors. A recent NCSL survey asked 2,500 legislators—including leaders; chairs of the health, education, children, and appropriations committees; a sample of other members of those committees; and members of NCSL's health and education committees—what they thought are the top adolescent health issues facing states. They identified substance abuse, violence, HIV/AIDS, teen pregnancy, and sexually transmitted diseases (STDs). State legislation passed between 1992 and 1994 reflects the health problems that on the whole involve preventable behaviors.

ACCESS

About 16 percent of youths, ages 13 to 17, lack health insurance. Some states, like **Utah**, are expanding eligibility requirements for Medicaid to include youth under age 18 in households with family income below the poverty level. **Utah** also raised the age level for insurance plans to cover dependents from age 22 to 26. **New York** allows insurers (as well as HMOs and medical, hospital, and dental service corporations) to offer group accident health coverage for students through the local boards of education or the local school boards. **Washington** allows an employer covered under the state's workers' compensation insurance program to elect to include student volunteers as employees for purposes relating to medical benefits.

COMMUNITY HEALTH SERVICES

Community-based health centers serve as a resource available to adolescents for their primary and preventive health needs. **Connecticut**, **Hawaii**, **Iowa**, **Missouri**, **New York**, and **Washington** are among the states that provide teens with such services. These clinics generally are conveniently located, maintain regular hours—including evening, weekend, school vacation, and summer hours—and provide adolescent programs including teen pregnancy prevention and mental health counseling.

SCHOOL HEALTH SERVICES

Schools have become increasingly responsible for providing adolescent health services. More than 600 school-based health clinics nationwide exist on or near school grounds. The majority of clinics are found in high schools, but a growing number can be found in elementary and middle schools. These clinics offer confidentiality and access to health services for teens who want them. In addition to health services, most

clinics offer education on such issues as conflict resolution, self-esteem, HIV/AIDS, nutrition, puberty, reproduction and anatomy, pregnancy, parenting, STDs, weight reduction, substance abuse, and suicide prevention. States like **Connecticut**, **Hawaii** and **New York** with services in or linked to schools, have expanded either services or locations or both in order to serve more adolescents. **Massachusetts** is requiring the Department of Social Services, Youth Services, Mental Health and Mental Retardation to earmark between 1 percent and 2 percent of its total budget to provide services in school-based health centers. **California** requires schools participating in school-based early mental health programs to report on their efforts to gain Medicaid reimbursement for services they provide. **South Carolina** established a pilot project for school-based counseling services and requires the departments to use Medicaid reimbursement. **Missouri** encourages public schools and school districts to act as Medicaid providers for services to youths under age 19. **Louisiana** increased the number of required contact hours for alcohol, drug and substance abuse programs for students in grades K through 12, which are to be incorporated into a comprehensive school health program. **Mississippi's** Department of Health, in conjunction with the Office of Student Development Branch of Health-Related Services of the State Department of Education, is to develop a long-range strategic plan for a comprehensive school health education program in grades K through 12. The program will address health education, health services, physical education and fitness, and a healthful school environment. **Mississippi** also requires every public school district in the state to employ a school nurse by the 1998-99 school year. **California** expanded the circumstances under which school nurses are authorized to teach health courses.

Sexuality Education

In many schools, sexuality education is part of the health curriculum, with an emphasis on teen pregnancy prevention. Many states, including **Alabama**, **Arkansas**, **California**, **Colorado**, **Hawaii**, **Michigan**, **Missouri**, **Mississippi**, **Montana**, **Oklahoma**, **Oregon**, and **Washington** require sex education curricula to emphasize abstinence as the only means to prevent pregnancy and STDs. Some of these states also include other components such as providing information on dealing with unwanted physical and verbal sexual advances; sexual assault; verbal, physical and visual harassment; nonconsensual sexual advances and date rape; parenting skills and responsibilities; and HIV/AIDS. At least 46 states and the District of Columbia mandate or recommend that schools provide sexuality education.

Adolescent Pregnancy

Adolescent pregnancy takes a large toll on society. Twelve percent of adolescent women aged 15 through 19 (about 1 million) become pregnant each year. Nearly 60 percent of these young women are living in poverty when they become mothers. In addition, nearly 60 percent of adolescent first-time birth delivery fees are covered by public funds. Often, education, employment, and marriage are delayed or never attained. States like **Connecticut**, **Michigan**, **Minnesota**, and **Oklahoma** have or are developing comprehensive plans for reducing adolescent pregnancy. Other statewide prevention campaigns include those in **Iowa**, **Maryland**, **Washington**, and **Wisconsin**. **Georgia** and **Kansas** require pregnant and parenting minors to live with their parents in order to receive Aid to Families with Dependent Children (A. DC) payments.

Contraception

A teen who does not use contraception has a 90 percent chance of becoming pregnant during the first year of sexual activity. **Arizona**, **Georgia**, **Maryland**, **Nevada**, **South Carolina**, **Tennessee**, and **Washington** require that family planning instruction be provided with certain types of medical assistance, including AFDC or Medicaid. Contraception or referrals for contraception are available in some school-based and community health clinics. It is estimated that more than 100 school-based health clinics make condoms available to sexually active students. Some clinics require parental consent before contraceptives may be made available to students including clinics in **Arkansas** and **Missouri**.

Sexually Transmitted Diseases

Adolescents account for 25 percent (3 million) of the 12 million new victims of sexually transmitted diseases (STDs) every year in the United States. Among the most common STDs are chlamydia, trichomoniasis, gonorrhea, human papilloma virus (HPV—genital warts), genital herpes, hepatitis B, syphilis, and HIV. Chlamydia, trichomoniasis, gonorrhea, and syphilis can be cured with antibiotics if detected early, but other viral infections such as genital warts, genital herpes, hepatitis B, and HIV remain incurable. Some of these diseases, such as chlamydia, can lead to infertility in both men and women and even death. **California** provides chlamydia screenings for individuals eligible for state-funded family planning services. **Minnesota** allows minors to receive the hepatitis B vaccine without parental consent. **Oklahoma** created the Act for Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The act is a comprehensive, coordinated, multidisciplinary, and interagency effort to reduce the rate of adolescent pregnancy and STDs in the state.

HIV/AIDS

AIDS is the sixth leading cause of death for youths, ages 15 to 24. Half of the people in the world infected with HIV/AIDS today were infected between the ages of 15 and 24. All 50 states and the **District of Columbia** mandate or recommend that AIDS education be provided in schools. **Colorado** encourages school boards to adopt and use curriculum and teaching materials that emphasize abstinence as a major solution to the transmission of HIV. **Oklahoma** requires a minimum of 90 minutes of instruction in the prevention of AIDS at least once in grades seven through nine and once in grades 10 through 12. The state also requires that all public schools that teach AIDS classes emphasize abstinence as the only completely reliable means of HIV prevention. **Connecticut** allows for HIV testing of a minor without parental consent.

Substance Abuse

Substance abuse frequently starts during youth and continues into adulthood. Twenty percent of youth in the United States ages 12 to 17 (9.3 million) have used an illegal drug other than alcohol, and 46 percent of youth have used alcohol (4 million). Several states including **Alabama**, **California**, **Connecticut**, **Minnesota**, **New Hampshire**, **New York**, and **Rhode Island** provide comprehensive substance abuse prevention and treatment programs that include effective ways of dealing with peer pressure, services for pregnant and parenting teens, mental health, and rehabilitative services. **California** has urged the president and Congress to include comprehensive alcohol and drug abuse treatment as a health insurance benefit.

Tobacco

To prevent another type of substance abuse, Congress passed the Synar Amendment in 1992, which requires states to enact and enforce laws prohibiting the sale of cigarettes to children under 18. States that do not comply will be denied full substance abuse prevention and treatment block grants. The Department of Health and Human Services has the power to reduce funding to the states by as much as 40 percent if they do not comply. All 50 states and the District of Columbia ban sale of tobacco products to minors. **Florida**, **New York**, and **Washington** have passed comprehensive legislation that includes restrictions on sales to minors, sample distribution, and vending machines. Many states have passed amendments to previous legislation.

The resources in the appendix list a number of issue-related organizations and the adolescent health coordinators of the 50 states.

State Abbreviations

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
GU	Guam
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
PR	Puerto Rico
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VI	Virgin Islands
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

Ted Nicholas, CMS

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Abstinence/Sexuality Education

AL **1992 Ala. Acts, Act 590, Sec. 2** lists required components of a public school sex education curriculum, including: asserting that abstinence is the only completely effective protection against pregnancy and sexually transmitted diseases (STDs); requiring age-appropriate instruction and materials; requiring statistics on the reliability of various contraceptive forms; providing information on legal financial responsibilities of childbearing and sexual abuse; providing information on resisting peer pressure; emphasizing the unacceptability of homosexuality; and providing comprehensive instruction in parenting skills and responsibilities, including child support payment.

AR **1993 Ark. Acts, Act 1173** makes it state policy to discourage sexual activity by students and requires public schools and health department sex education programs to emphasize abstinence.

CA **1993 Cal. State Laws, Chap. 328** amends the law related to sex education and acquired immune deficiency syndrome (AIDS) education in schools. Course material and instruction are required to teach students about unwanted physical and verbal sexual advances. Instruction must also include information about sexual assault and verbal, physical and visual harassment, including, but not limited to nonconsensual sexual advances, nonconsensual physical contact, and date rape.

CO **1992 Colorado Sess. Laws, SJR 12** encourages school boards to adopt and utilize curriculum and teaching materials that emphasize abstinence as a major solution to preventing the transmission of the human immunodeficiency virus (HIV).

HI **1992 Hawaii Sess. Laws, HR 236** makes a request to the Board of Education and each of the public schools to consider the importance of sex education, collect data on the sexual activity of students, evaluate existing programs, and consider successful programs that emphasize abstinence.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1124** states that the legislature recognizes the importance of communicating to preteens about delaying sexual activity and supports the development of abstinence programs for this age group.

MN **1994 Minn. Laws, Chap. 647, Art. 8, Sec. 44** appropriates $25,000 to evaluate sexuality and family life education programs in Minnesota schools. Under the new law, the Department of Education will conduct a survey, compiling information on the sexuality and family life-related curriculum offered in each school, the age at which certain topics are taught, research and staff training available to teach the subject matter, and the role of parents in the sexuality/family life curriculum.

MS **1994 Miss. Laws, Chap. 632** requires the School Nurse Intervention Program of the Department of Health to be available to all public school districts in the state. Each public school district must employ a school nurse by the 1998-99 school year. The act requires reproductive health education and referral services under the program to include abstinence, and specifically prohibits public school nurses from providing abortion counseling or referring any student to abortion counseling or abortion clinics.

MO **1994 Mo. Laws, HB 1547 and HB 961** authorizes the Department of Elementary and Secondary Education to offer, upon request, the Postponing Sexual Involvement Program to schools.

MT **1993 Mont. Laws, SJR 23** urges continued emphasis on teaching abstinence in sex education courses as the most effective method of preventing pregnancy and STDs among teens.

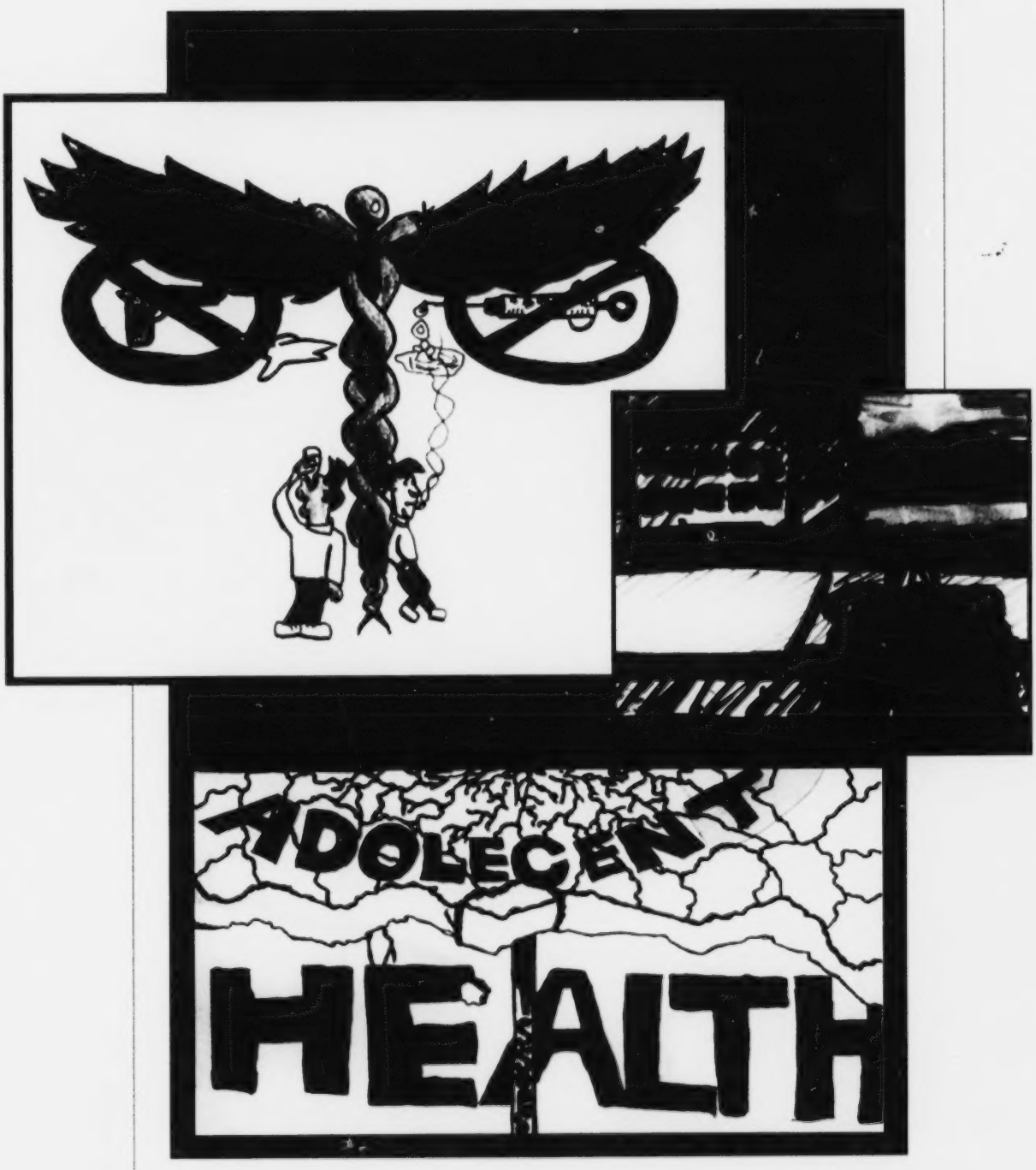
OK **1994 Okla. Sess. Laws, HJR 1078** requires a minimum 90 minutes of instruction in the prevention of AIDS at least once in grade seven through nine and once in grades 10 through 12. All public elementary, junior high, and senior high school classes that teach AIDS education shall emphasize that abstinence from sexual activity is the only completely reliable means of preventing the sexual transmission of AIDS and other STDs. The act outlines specific course criteria and emphasis. The act also requires public school teachers and administrators in grade five through 12 to participate regularly in an in-service training program related to AIDS prevention education, as approved by the Department of Education and the Department of Health.

OK **1994 Okla. Sess. Laws, Chap. 170** creates the Act for Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The act is a comprehensive, coordinated, multidisciplinary and interagency effort to reduce the rate of adolescent pregnancy and STDs in this state. Required components of the plan are a public awareness campaign, identification of prevention strategies and resources, coordination and collaboration among related efforts and programs, empowerment of local community prevention efforts, and evaluation of prevention strategies and programs. Additionally, the public awareness campaign must promote abstinence from premarital sex and cannot directly or indirectly condone premarital or promiscuous sexual activity.

OR **1993 Or. Laws, Chap. 775** establishes criteria for course material and instruction in sex education in public schools. Elements of the curriculum may include: a description of responsible behaviors; promotion of abstinence, but not at the exclusion of instruction on contraception; acknowledgment of the value of abstinence without devaluing sexually active children; direction regarding unwanted physical and verbal sexual advances; application of laws regarding financial responsibility for children and unlawful sexual relations; and emphasis on actions based on reason, self-respect, and responsibility.

WA **1994 Wash. Laws, Chap. 299** requires the Office of the Superintendent of Public Instruction to administer a program for the 1994-95 school year that provides grants to school districts for media campaigns promoting sexual abstinence and addressing the importance of delaying sexual activity, pregnancy, and childbearing until individuals are ready to nurture and support their children. The messages will be distributed in the school and community where they are produced and should be substantially designed and produced by students. The grants require a local private sector match equal to the state grant, which may include in-kind contributions of technical or other assistance from consultants or firms involved in public relations, advertising, broadcasting, and graphics or video production or other related fields.

WA **1993 Wash. Laws, Chap. 407** establishes a program within the Department of Health to fund community-based teen pregnancy prevention projects. The projects will be evaluated by the reduction of pregnancy and birth rates among adolescents in the community served. The applications for funding will include components that address religious, cultural, and socioeconomic differences in the community to be served, and the inclusion of sexual abstinence as an acceptable method of pregnancy prevention. A teen pregnancy prevention media campaign will be conducted in conjunction with local media outlets and interested organizations and corporations.



Top left: Chris Carlson, CDSA. Center: Chris Isham, CDSA.
Bottom: Chris Magee-Jenks, CDSA.

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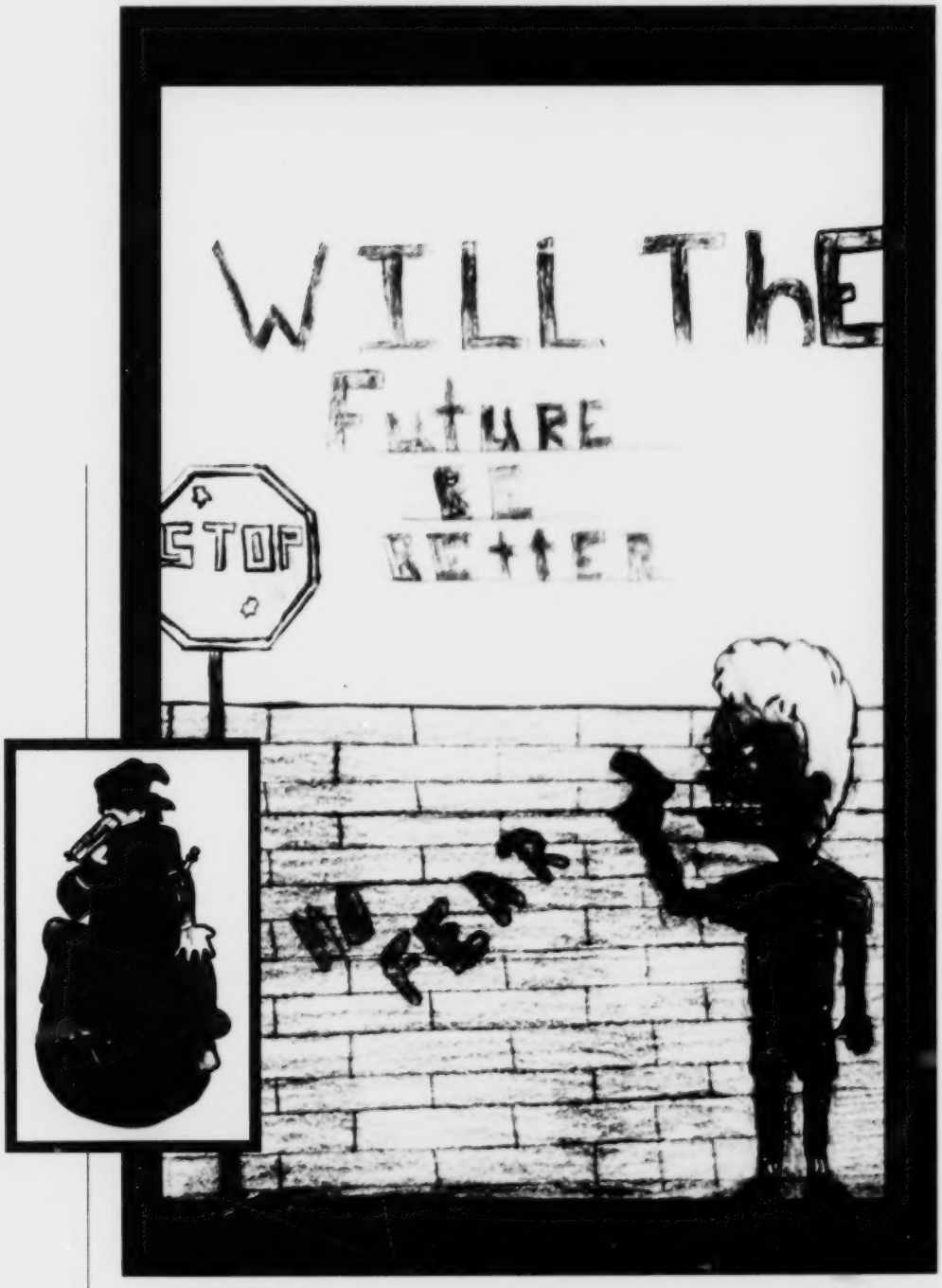
Adolescent Health (miscellaneous)

CT **1992 Conn. Acts, P.A. 107** establishes a statewide adolescent health council charged with coordinating health services for teenagers. The act specifies council membership and directs the council to make recommendations concerning teen pregnancy, mental health, violence, substance abuse, AIDS and other STDs, and other areas relevant to adolescent health needs.

PR **1994 Puerto Rico Laws, Act 86** creates an Administration of Support for Minors within the Department of Services.

SD **1994 S.D. Sess. Laws, Chap. 293** allows a physician's assistant and a nurse practitioner to certify an athlete's ability to participate in athletics.



left: James Blagden, CDSA Center; Aceneth Harris, CMS

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Community Health Services

CT **1993 Conn. Acts, P.A. 432** creates a new funding formula for grants provided to youth service bureaus and requires those bureaus to coordinate community-based youth services including pregnancy and violence prevention. The act adds pregnant youth and young parents to those who can benefit from the services.

CT **1994 Conn. Acts, P.A. 3 (May Special Session)** establishes a new Department of Health that includes all programs under the current Department of Public Health and Addiction Services, and the Department of Mental Health. The act also creates an Office of Health Care Access (OHCA) that is responsible for developing a plan for health system reform and consolidation of state health regulation and financing. The OHCA must report by Jan. 1, 1995, to the Public Health and Insurance and Real Estate Committees with plans, recommendations, and cost estimates for health care reform including utilization and expansion of community health centers and school-based clinics and a standard benefits package that includes mental health, substance abuse, and rehabilitation services.

HI **1993 Hawaii Sess. Laws, Act 237** extends the repeal date of the community-based Teenage Health Clinic Demonstration Project to June 30, 1995. The project, an outreach program of the Waikiki Health Center and Hale Kipa, provides basic primary and preventive health care, treatment, and ancillary social services.

IA **1992 Iowa Acts, Chap. 1241, Sec. 11** creates an interdisciplinary child welfare task force to develop a flexible financing system that enhances federal participation, particularly through Title IV-A (AFDC), and redirects expenditures from institutional to community-based alternatives in the child welfare, mental health, and juvenile justice systems.

NY **1993 N.Y. Laws, Chap. 723** reallocates funds into community-based services for people with serious mental illness, including children and adolescents, based upon reduction of state-operated inpatient mental health services.

NY **1994 N.Y. Laws, Chap. 170** requires the Commissioner of Social Services to apply for a general waiver of federal Medicaid requirements for the Home and Community-Based Waiver, in order to provide Medicaid services to eligible children with mental illness who are living in the community and to provide reimbursement for certain services not presently included in the Medicaid program.

NC **1994 N.C. Sess. Laws, Chap. 769** appropriates $500,000 of state funds to support community-based organizations in activities related to HIV, STDs, and tuberculosis (TB) prevention.

WA **1993 Wash. Laws, Chap. 407** establishes a program within the Department of Health to fund community-based teen pregnancy prevention projects. The projects will be evaluated by the reduction of pregnancy and birth rates among teens in the community served. The applications for funding will include components that address religious, cultural, and socioeconomic differences in the community to be served, and the inclusion of sexual abstinence as an acceptable method of pregnancy prevention. A teen pregnancy prevention media campaign will be conducted in conjunction with local media outlets and interested organizations and corporations.

Contraception/Family Planning

AZ **1993 Ariz. Sess. Laws, Chap. 152** requires the Arizona Health Care Cost Containment System (the state's Medicaid program) to ensure that individuals of reproductive age are notified of family planning services available to them. The notification will be given verbally during a visit with the primary care physician and in writing.

AZ **1994 Ariz. Sess. Laws, Chap. 319** requires the department to inform parents and other relatives who are receiving AFDC assistance, both verbally and in writing, the specific family planning services that are available to them while they are eligible in the Arizona Health Care Cost Containment System.

AR **1993 Ark. Acts, Act 1173, Sec. 36** provides that it is the policy of the state of Arkansas to discourage sexual activity by students. The act provides that all schools associated with distributing, recommending, or prescribing condoms or contraceptives must adopt a resolution acknowledging that there are risks associated with teen sexual activities. The act further provides certain requirements of parental consent for contraceptive services and condom distribution to students and requires all school-based clinics to maintain accurate records of distributing and prescribing condoms and contraceptives. The act provides that the number of pregnancies and STDs among students in schools with school-based clinics must be reported annually to the school board of directors. The act also provides for the confidentiality of students' medical records.

CA **1993 Cal. Stats., Chap. 294** adds chlamydia screening to the list of family planning services provided to eligible individuals whose services are funded by the state Office of Family Planning.

CA **1994 Cal. Stats., Res. Chap. 32** urges the president and Congress to enact the Freedom of Access to Clinic Entrances Act of 1993 to guarantee American women their fundamental right to reproductive health care.

GA **1993 Ga. Laws, p. 1969** requires the Department of Human Resources to provide instruction in family planning and parenting skills to recipients of AFDC who have had their first child within one year of first applying for benefits. Requirements of the act are subject to federal approval.

HI **1993 Hawaii Sess. Laws, Act 365** requires all employer group health policies, contracts, plans, or agreements that provide for payment of or reimbursement for pregnancy-related services, to provide as an employer option, contraceptive services for the subscriber or any dependent of the subscriber who is covered by the policy. The act applies to policies issued on or after Jan. 1, 1994, and prohibits exclusion of any prescriptive drug or device approved by the Food and Drug Administration, or imposition of unusual co-payments, charges, or waiting requirements.

MD **1994 Md. Laws, Chap. 440** provides family planning services for five years for postpartum women who lose eligibility for medical assistance under the federally mandated Pregnant Women and Children's Program.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1103** requires that agencies receiving funds appropriated for adolescent health care services meet various criteria including: if a local advisory committee recommends that family planning be provided as a service, any public information brochure must include family planning in its description of the entire array of services provided by the adolescent health clinic.

MO **1993 Mo. Laws, HB 564** enacts a variety of health care reforms and enables the Departments of Health and Social Services to give grants to school districts, schools, or local health departments for improving child health services. Before offering services, the public school, district, or contractor will provide each parent with a consent form and checklist of services to be offered. The parent will be requested to specify any services that may not be provided to his or her child. If the services that the public school or school district chooses to provide include referral for contraceptive drugs or devices, the checklist will specifically mention that fact. Referral for contraceptive devices or contraceptive drugs will not be made unless the parent or guardian affirmatively selects such services on the checklist. Contraceptive devices or drugs may not be provided by school personnel or their agents. A child seeking such services must be referred to a designated family practitioner.

NV **1993 Nev. ACR 37** urges the state's welfare administrator to develop a program that will require health care providers to encourage Medicaid recipients of childbearing age to participate in an educational program on family planning.

NM **1994 N.M. Laws, Chap. 147** appropriates more than $1 million for child care, immunization programs, family planning and disease surveillance efforts in the border area.

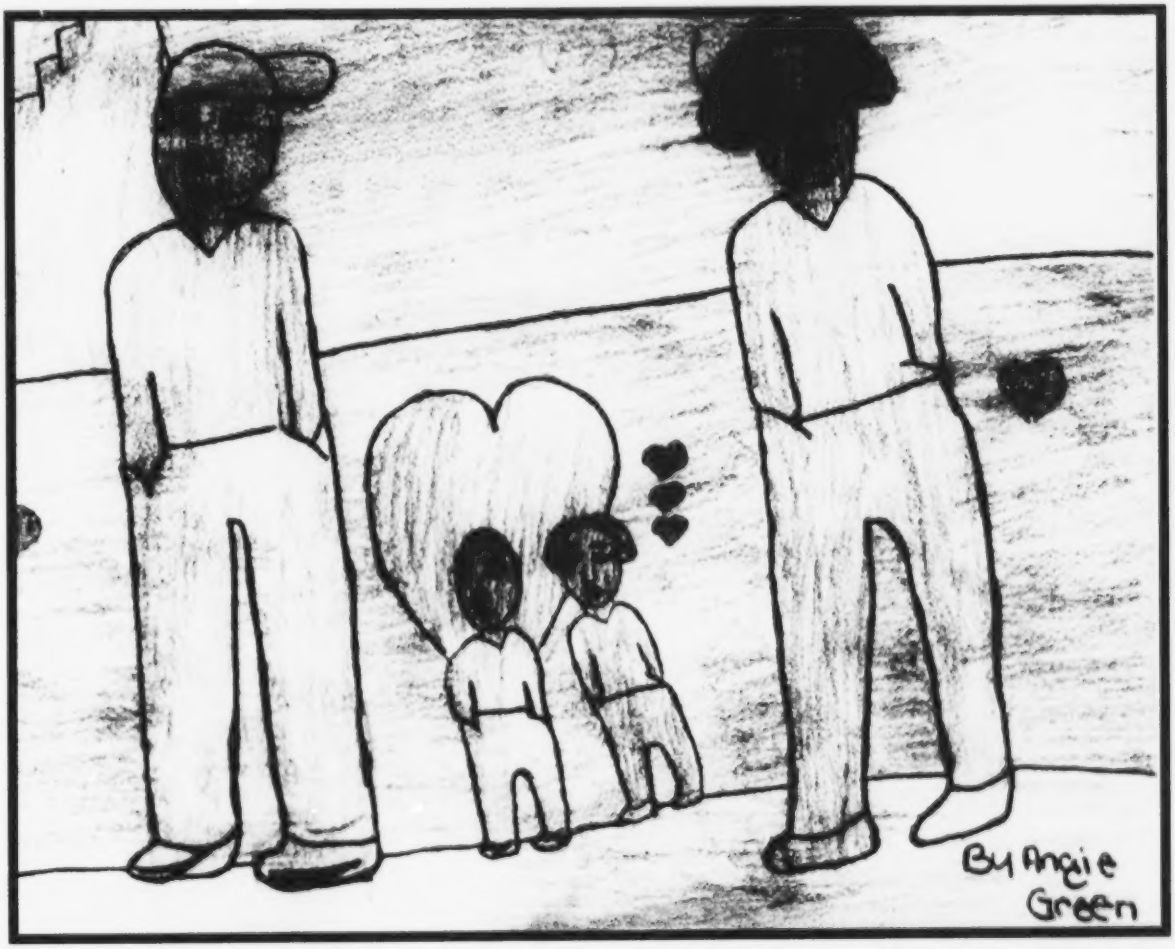
OR **1993 Or. Laws, Chap. 775** establishes criteria for course material and instruction in sex education in public schools. Elements of the curriculum include a description of responsible behaviors, promotion of abstinence, but not at the exclusion of instruction on contraception, and acknowledgment of the value of abstinence without devaluing sexually active children.

SC **1994 S.C. Acts, Act 471** requires the Department of Health and Environmental Control to provide the Department of Social Services with information on methods of contraception and family planning, excluding abortion information, to individuals seeking assistance through AFDC.

TN **1993 Tenn. Pub. Acts, Chap. 255** requires the Department of Human Services to provide information on birth control and contraceptive implants available through the Medicaid program to women of childbearing age who qualify for Medicaid and to males who are able to impregnate females, and whose income is below the federal poverty level.

WA **1993 Wash. Laws, Chap. 407** extends the family planning services available through the First Steps Program (under Medicaid) from two months immediately following a pregnancy to 12 months immediately following a pregnancy. The Department of Health is authorized to offer family planning services to women who meet the financial eligibility for maternity coverage through the First Steps Program, which is 185 percent of the poverty level.

WA **1994 Wash. Laws, Chap. 299** requires the Department of Health to train financial services and social work staff to provide family planning information and assistance, including alternatives to abortion, to AFDC recipients.



Angie Green, CMS

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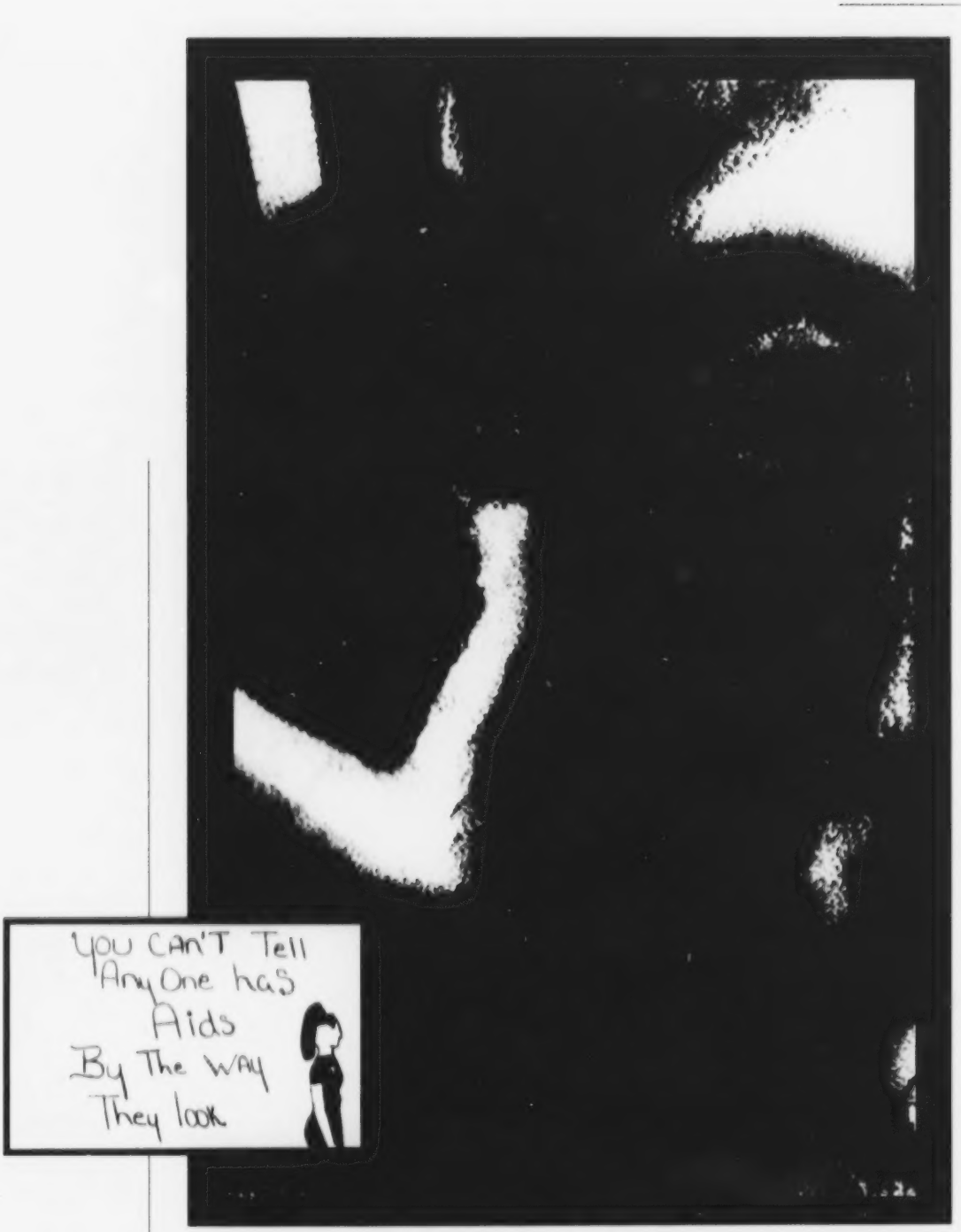

Center: Alex Dodge, CDSA; Left: Stephanie Owens, CMS

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HIV/AIDS

CA **1992 Cal. Stats, Chap. 789** requires the Department of Social Services to select and monitor at least 20 facilities that apply to participate in a pilot project to develop efficient, cost-effective, and humane residential care for minors with HIV and families in which one or more members have HIV disease. The department is required to select at least one of each the following: a group home that provides long-term care, including care until the time of death, for minors with HIV; a group home that provides transitional care for minors with HIV; and a residential care facility for persons with chronic, life-threatening illnesses that provides residential care to families in which one or more members have HIV. The department is required to implement this law only if it determines that funds are available to cover all costs resulting from its implementation within the annual Budget Act, either from appropriations directly to the department, indirectly through transfers from other departments specified in the budget, or as otherwise provided.

CA **1993 Cal. Stats., Chap. 328** amends the law related to sex and AIDS education in schools. Course material and instruction are required to teach students about unwanted physical and verbal sexual advances. Instruction must also include information about sexual assault and verbal, physical, and visual harassment, including, but not limited to nonconsensual sexual advances, nonconsensual physical contact, and date rape.

CA **1994 Cal. Stats., Chaps. 153 and 697** requires the Department of Health Services, Office of AIDS to use behavioral survey data, as provided through AIDS-related research activities conducted by the University of California, in conjunction with epidemiological information to assist in targeting HIV education and prevention efforts.

CO **1992 Colorado Sess. Laws, SJR 12** encourages school boards to adopt and utilize curriculum and teaching materials that emphasize abstinence as a major solution to the transmission of HIV.

CT **1992 Conn. Acts, P.A. 107** establishes a statewide adolescent health council charged with coordinating health services for teenagers. The act specifies council membership and directs the council to make recommendations concerning teen pregnancy, mental health, violence, substance abuse, AIDS and other STDs, and other areas relevant to adolescent health needs.

CT **1992 Conn. Acts, P.A. 119** allows for HIV testing of a minor without parental consent. The act requires parental consent for treatment of a minor infected with HIV, with some exceptions, requiring documentation by the treating physician.

CT **1994 Conn. Acts, P.A. 105** changes the law regulating tattooing and repeals a prohibition against commercial ear piercing by people other than nurses or doctors. The act requires the Department of Public Health and Addiction Services to adopt regulations to regulate tattooing, increases the number of medical professionals who can engage in tattooing, and prohibits tattooing an unemancipated minor without permission of the minor's parent or guardian.

GA **1994 Ga. Laws, p. 34** prohibits tattooing except in tattoo studios that have received a permit to operate by the County Board of Health. The Department of Human Resources is also given regulatory powers regarding such permits and the standards for operating such studios. The act also raises from age 16 to 18 the minimum age at which a person may be tattooed.

IL **1992 Ill. Laws, P.A. 87-1104** amends the AIDS confidentiality act to require the HIV test results of minors under age 18 to be disclosed to their parents or legal guardians. The law does not create a duty or obligation to notify but does provide immunity for providers acting in good faith.

MI **1994 Mich. Pub. Acts, Act 201, Sec. 403** requires the Department of Public Health and its subcontractors to ensure that adolescents receive priority for AIDS prevention, education, and outreach services.

NE **1994 Neb. Laws, L.B. 819** changes the number of provisions related to blood testing for HIV infection and to the reporting of the results of testing, including written consent from a parent or a judicially appointed guardian for a minor.

NC **1994 N.C. Sess. Laws, Chap. 769** appropriates $500,000 of state funds to support community-based organizations in activities related to HIV, STDs, and tuberculosis (TB) prevention.

OK **1994 Okla. Sess. Laws, HJR 1078** requires a minimum 90 minutes of instruction in the prevention of AIDS at least once in grades seven through nine and once in grades 10 through 12. All public elementary, junior high, and senior high school classes that teach AIDS education shall emphasize that abstinence from sexual activity is the only completely reliable means of preventing the sexual transmission of AIDS and other STDs. The act outlines specific course criteria and emphasis. The act also requires public school teachers and administrators in grade five through 12 to participate regularly in an in-service training program related to AIDS prevention education, as approved by the Department of Education and the Department of Health.

Insurance

HI **1993 Hawaii Sess. Laws, Act 365** requires all employer group health policies, contracts, plans, or agreements that provide for payment of or reimbursement for pregnancy-related services, to provide as an employer option, contraceptive services for the subscriber or any dependent of the subscriber who is covered by the policy. The act applies to policies issued on or after Jan. 1, 1994, and prohibits exclusion of any prescriptive drug or device approved by the Food and Drug Administration, or imposition of unusual co-payments, charges, or waiting requirements.

NY **1992 N.Y. Laws, Chap. 337** authorizes the Division of Youth Services to recover medical or dental expenses for youths admitted to institutions operated by the division who are covered by a health insurance policy.

NY **1994 N.Y. Laws, Chap. 170** raises the age limit for eligibility for the Child Health Insurance Plan (Child Health Plus) from age 12 to 13 in 1994 and age 14 in 1995 (Note: Chap. 731, summarized below, subsequently revised the age limit). This act increases the amount of funds for Child Health Plus available from the bad debt and charity care regional pools from $20 million to $25 million in 1994, and from $27 million to $39 million in 1995. The act adds proof of residency to the list of criteria that must be met by a child in order to be eligible for enrollment in the plan and requires an applicant to attest to the source and nature of any health care coverage available to the child. The act adds current annual income tax returns and Social Security numbers to the documentation provided by a household in order to determine income eligibility. The act directs each household to report to the participating insurer within 60 days, any changes in income, state residency, or health care coverage that may make a child ineligible for subsidy payments. The act compels each participating insurer to review all information made available by the applicant to determine eligibility and prohibits the insurer from certifying or recertifying a child as eligible for a subsidy payment unless the child meets all eligibility criteria. The act also requires that children who are eligible or become eligible for Medicaid be identified and transferred to the Medicaid program.

NY **1994 N.Y. Laws, Chap. 731** revises eligibility for insurance coverage for uninsured or underinsured children (Child Health Plus) to include, for calendar years 1994 and 1995, any child born on or after June 1, 1980, and under age 15 rather than any child under age 14 in 1994 and any child under age 15 in 1995.

NC **1994 N.C. Sess. Laws, Chap. 716** allows insurers (as well as HMOs and medical, hospital, and dental service corporations) to offer group accident health coverage for students through the local boards of education or the local schools. The premium can be paid by the board of education, the students (or

someone on their behalf), or both. Local boards of education can also establish fees for the payment of the premiums by or on behalf of the covered students.

UT **1994 Utah Laws, Chap. 314** provides for insurance reform and Medicaid expansion. The act requires that persons under age 18 who live in households below the poverty level be eligible for Medicaid. The act establishes enrollment targets for Medicaid recipients to enroll in prepaid, capitated health care delivery systems and raises from age 22 to age 26 the age of dependents that insurers must cover, if they offer coverage to dependents.

WA **1994 Wash. Laws, Chap. 246** allows an employer covered under the state's Workers' Compensation insurance program to elect to include student volunteers as employees for purposes relating to medical aid benefits. The employer must give notice of its intent to cover its student volunteers prior to the occurrence of an injury or contraction of an occupational disease. Premiums for coverage of student volunteers are to be paid by the employer who has registered and accepted the services of volunteers.

Medicaid

AZ **1993 Ariz. Sess. Laws, Chap. 152** requires the Arizona Health Care Cost Containment System (the state's Medicaid program) to ensure that individuals of reproductive age are notified of family planning services available to them. The notification will be given verbally during a visit with the primary care physician and in writing.

CA **1992 Cal. Stats., Chap. 23** requires schools participating in school-based early mental health programs to report on their efforts to gain federal Medicaid reimbursement for services they provide.

IN **1994 Ind. Acts, P.L. 80** reinstates retroactively a requirement that expired on July 1, 1993, that each school corporation or school corporation's qualified provider enroll in a program to use federal Medicaid funds with the intent to share the costs of services that are reimbursable under the Medicaid program and that are provided to eligible children by the school corporation. The Office of Medicaid Policy and Planning and the Department of Education are required to develop policies and adopt rules to administer the program. Federal reimbursement for paid claims submitted by the school corporations under the program are required to be distributed to the school corporations. The state shall retain the nonfederal share of the reimbursement for Medicaid services. The Office of Medicaid Policy and Planning, with the approval of the budget agency and after consultation with the Department of Education, will establish procedures for the timely distribution of federal reimbursement owed to school corporations.

LA **1992 La. Act 790** amends Medicaid eligibility requirements for pregnant adolescents by allowing use of the adolescent's income rather than that of her parents. The act requires prenatal or infant public health care programs to provide flexible hours of operation, short waiting periods, and follow-up services.

MO **1993 Mo. Laws, HB 564** enacts a variety of health care reforms and enables the Departments of Health and Social Services to give grants to school districts, schools, or local health departments for improving child health services. Preference in awarding grants will be given to applicants with a greater need for services and a lesser ability to pay for them. The Department of Social Services may also provide Medicaid payment incentives. The Departments of Health and Social Services will also develop a plan to encourage public schools and school districts to act as Medicaid providers and provide services for children under age 19. A public school or public school district may elect to serve as a Medicaid provider for primary and preventive care and Medicaid childhood screening and treatment services. Such schools and districts will provide Medicaid services to all Medicaid-eligible school children in the district or service area. Before offering services, the public school, district, or contractor will provide each parent with a consent form and checklist of services to be offered. The parent will be requested to

specify any services that may not be provided to his or her child. If the services that the public school or school district chooses to provide include referral for contraceptive drugs or devices, the checklist will specifically mention that fact. Referral for contraceptive devices or contraceptive drugs will not be made unless the parent or guardian affirmatively selects such services on the checklist. Contraceptive devices or drugs may not be provided by school personnel or their agents. A child seeking such services must be referred to a designated family practitioner.

Walt Jaudon, CDSA

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NV **1993 Nev. ACR 37** urges the state's welfare administrator to develop a program that will require health care providers to encourage Medicaid recipients of childbearing age to participate in an educational program on family planning.

NH **1994 N.H. Laws, Chap. 409** increases Medicaid coverage for all children up to age 18 and for women who are pregnant.

NY **1994 N.Y. Laws, Chap. 170** requires the Commissioner of Social Services to apply for a general waiver of federal Medicaid requirements for the Home and Community-Based Waiver in order to provide Medicaid services to eligible children with mental illness who are living in the community and to provide reimbursement for certain services not presently included in the Medicaid program.

NC **1992 N.C. Sess. Laws, Chap. 900, Secs. 143 and 145** requires several state agencies to conduct a study to determine how low provider participation in the Medicaid program creates barriers for pregnant women and children. The act requires examination of various medical professionals, different methods of increasing provider participation, and a legislative report. The act requires the Department of Human Resources to evaluate all adolescent parenting programs and report to the House and Senate Appropriations Committee.

OK **1993 Okla. Sess. Laws, HJR 1001** relates to standards for reimbursement under Medicaid for inpatient psychiatric and chemical dependency treatment for children and youth.

TN **1993 Tenn. Pub. Acts, Chap. 255** requires the Department of Human Services to provide information on birth control and contraceptive implants available through the Medicaid program to women of childbearing age who qualify for Medicaid and to males who are able to impregnate females, and whose income is below the federal poverty level.

UT **1994 Utah Laws, Chap. 314** provides for insurance reform and Medicaid expansion. The act requires that persons under age 18 who live in households below the poverty level be eligible for Medicaid. The act establishes enrollment targets for Medicaid recipients to enroll in prepaid, capitated health care delivery systems and raises from age 22 to 26 the age of dependents that insurers must cover, if they offer coverage to dependents.

WV **1992 W. Va. Acts, Chap. 57** requires the Board of Education to create a school health services advisory committee to improve school-based services for Medicaid-eligible children. The act also specifies composition of the committee.

Left: Matt Daniel, CDSA. Center: Praxedis Alzaga, CDSA

Mental Health

CA **1992 Cal. Stats., Chap. 23** requires schools participating in school-based early mental health programs to report on their efforts to gain federal Medicaid reimbursement for services they provide.

CA **1992 Cal. Stats., Chap. 252** allows a minor age 12 or older, who is deemed sufficiently mature for treatment, to consent to residential shelter services without consent of the minor's parent or guardian.

CT **1992 Conn. Acts, P.A. 107** establishes a statewide adolescent health council charged with coordinating health services for teenagers; specifies council membership; and directs the council to make recommendations concerning teen pregnancy, mental health, violence, substance abuse, AIDS and other STDs, and other areas relevant to adolescent health needs.

CT **1993 Conn. Acts, P.A. 197** gives a child under age 16 who has been hospitalized on an emergency basis for treatment of a mental disorder the same rights to an attorney and hearing that similar adults have.

CT **1994 Conn. Acts, P.A. 3 (May Special Session)** establishes a new Department of Health that includes all programs under the current Department of Public Health and Addiction Services, and the Department of Mental Health. The act also creates an Office of Health Care Access (OHCA) that is responsible for developing a plan for health system reform and consolidation of state health regulation and financing. The OHCA must report by Jan. 1, 1995, to the Public Health and Insurance and Real Estate Committees with plans, recommendations, and cost estimates for health care reform including utilization and expansion of community health centers and school-based clinics and a standard benefits package that includes mental health, substance abuse, and rehabilitation services.

IN **1994 Ind. Acts, P.L. 40** requires the state to develop living space for in-state care of mentally ill juveniles and other priority populations as resources become available.

IA **1992 Iowa Acts, Chap. 1241, Sec. 11** creates an interdisciplinary child welfare task force to develop a flexible financing system that enhances federal participation, particularly through Title IV-A (AFDC), and redirects expenditures from institutional to community-based alternatives in the child welfare, mental health, and juvenile justice systems.

KY **1994 Ky. Acts, Chap. 498** prohibits holding a child needing hospitalization for a mental illness in a secure juvenile detention or juvenile holding facility unless a status offense or public offense action is

pending. Peace officers are not allowed to bring a status offense or public offense action against a child who is mentally ill solely or primarily to avoid transporting the child to a hospital or mental health facility.

LA **1994 La. Act, House Study Request 6, Third Extra Session** requests the House Committee on Appropriations to study the growing number of private and local government-operated facilities serving incarcerated youth, youth needing hospitalization, youth who demonstrate danger to themselves and others, and youth who demonstrate severe discipline and anti-social behavior or severe behavior disorders; to study consistent financing patterns for providing care for students in residential facilities; to study guidelines for jurisdiction of facilities to serve students outside the general population; and to determine feasibility of alternative programs for students who are unable to benefit from general education programs.

MA **1993 Mass. Acts, Chap. 71** requires the Department of Social Services, Youth Services, Mental Health and Mental Retardation to develop a plan to earmark between 1 percent and 2 percent of its total budget to provide services in school-based centers.

MN **1994 Minn. Laws, Chap. 576, Sec. 4** instructs the Department of Corrections to license several regional secure juvenile facilities throughout the state, effective January 1995. Intensive education programs will be designed for use at each secure facility, and will be tailored based on an offender's criminal history, age, and cultural and ethnic heritage. Other program components will include mental health screening and chemical dependency treatment.

MS **1993 Miss. Laws, Chap. 388** creates a Children's Advisory Council to administer a pilot program that will coordinate local interagency services for emotionally disturbed and mentally ill children and youth. The act also creates a special state fund for pooling of agency funds to operate the program.

NE **1994 Neb. Laws, L.B. 988** requires, as part of the juvenile crime bill, that the Office of Juvenile Services, within the Department of Correctional Services, design and provide program and treatment services for the renamed Youth Development Centers at Geneva and Kearney. The act specifies programs and treatment services that must be offered, including programs relating to physical and mental health, drug and alcohol addiction, education, and counseling. Individualized case planning will begin with the initial assessment and continue through the youth's reintegration into the community upon release from the facility.

NM **1992 N.M. Laws, Chap. 60** creates the adolescent treatment hospital and the adolescent residential treatment facility to provide care, treatment, and reintegration into society for adolescents who have a serious emotional disturbance or who are violent and have a mental disorder, and who are amenable to treatment. The act also creates an adolescent treatment hospital governing board to serve as an advisory to the secretary of health concerning policies, procedures, and the treatment of adolescents in the hospital.

NY **1992 N.Y. Laws, Chap. 150** directs and authorizes the Commissioner of the Office of Mental Health to establish an interagency mental health needs assessment project, subject to the availability of federal and private funding. The project will assess the scope and nature of the mental health needs of children and adolescents served by state agencies and local governments in cooperation with other agencies.

NY **1993 N.Y. Laws, Chap. 135** allows minors age 16 or older who are patients in mental health facilities to object to the inclusion of their parents in meetings to discuss treatment problems. Minors are allowed to have a friend or an advocate present at treatment planning meetings.

NY **1993 N.Y. Laws, Chap. 723** reallocates funds into community-based services for people with serious mental illness, including children and adolescents, based upon reduction of state-operated inpatient mental health services.

NY **1994 N.Y. Laws, Chap. 170** requires the Commissioner of Social Services to apply for a general waiver of federal Medicaid requirements for the Home and Community-Based Waiver in order to provide Medicaid services to eligible children with mental illness who are living in the community and to provide reimbursement for certain services not presently included in the Medicaid program.

NY **1994 N.Y. Laws, Chap. 461** requires the informed consent of a parent or legal guardian or the authorization of a court prior to the administration of psychotropic medications in nonemergency situations to a minor residing in a hospital operated or licensed by the Office of Mental Health. The act stipulates that a minor age 16 or older who consents may be administered such medications without informed parental consent or the court authorization under certain circumstances.

OK **1993 Okla. Sess. Laws, HJR 1001** relates to standards for reimbursement under Medicaid for inpatient psychiatric and chemical dependency treatment for children and youth.

SC **1993 S.C. Acts, Act 39** increases the age of voluntary admission to a state hospital from age 16 to 18. The act deletes voluntary admission for those under age 16.

SC **1994 S.C. Acts, Act 570** establishes a pilot project for school-based counseling services. The three-year pilot project must be established jointly by the Department of Mental Health and the Department of Education. The purpose of the project is to provide an array of school-based and child-focused counseling services developed by the Department of Mental Health in designated schools. The pilot project must serve at least 14 schools. The departments are required to use Medicaid reimbursement to off-set the cost to the state. The act establishes a School-Based Mental Health Pilot Project Advisory Board. The involved departments are required to submit an annual report containing a financial statement, with Medicaid reimbursement data, and a report of activities no later than September 1 each year of the project to the Legislative Governor's Committee on Mental Health and Mental Retardation on the progress of the pilot project.

SD **1992 S.D. Sess. Laws, Chap. 195** allows legal custodians to apply for a minor's admission to a psychiatric facility with the recommendation of a mental health professional.

SD **1994 S.D. Sess. Laws, Chap. 225** defines a minor with a severe emotional disturbance and revises the terminology regarding mentally disturbed minors.

TN **1993 Tenn. Pub. Acts, Chap. 283** allows a parent or guardian of a minor resident to request a discharge from institutional care and that it be acted upon within 12 hours. The act also requires the superintendent of any developmental center to discharge a person who no longer meets the standards under which he or she was admitted.

TN **1994 Tenn. Pub. Acts, Chap. 917** authorizes the Department of Youth Development, through contract with nonprofit corporations, community organizations, volunteer groups, churches, schools and family resource centers, to establish in each grand division of the state two model afterschool and summer programs for young adolescents at risk of placement in the custody of the state. An entity may contract with the department to operate more than one program. Each such model program shall serve not more than 25 adolescents and shall strive to improve self-esteem, motivation, responsibility, achievement and goal setting through a variety of activities including, but not necessarily limited to, counseling, tutoring, mentoring, field trips, cultural enrichment experiences, team sports and team projects, and problem solving.

TX **1993 Tex. Gen. Laws, Chap. 573** permits a minor age 16 or older to request, without parental consent, admission to a mental health facility.

TX **1993 Tex. Gen. Laws, Chap. 705** requires a children's bill of rights be adopted by state agencies that provide mental health, chemical dependency, or comprehensive medical rehabilitation services in inpatient facilities to protect minors receiving treatment for emotional, mental health, or chemical dependency problems. The act also requires the commissioner of education to adopt rules governing the relationship between school districts and mental health care providers.

VT **1994 Vt. Acts, Act 203** establishes an advisory board to advise the Commissioners of Mental Health and Mental Retardation, Social and Rehabilitation Services and Education concerning issues relating to emotionally disturbed children, adolescents, and their families. The act specifies the composition of the board.

VA **1994 Va. Acts, HJR 235** continues the Joint Subcommittee Studying School Drop-Out and Ways to Promote the Development of Self-Esteem Among Youth and Adults.

VA **1994 Va. Acts, Chap. 760** delays the effective date for the Programs for Persons At-Risk until July 1, 1996, to allow further planning for implementation. An emergency clause makes this measure effective upon passage. Students "at-risk" are those that have problems with: academic performance, physical and mental health, family relationships, substance abuse, or poverty or have been suspended, expelled or is chronically truant from school, or who is a pregnant or parenting teenager, or a school dropout.

VA **1994 Va. Acts, Chap. 761** prohibits school personnel, school boards, state agencies, and courts of competent jurisdiction in the Commonwealth from placing or referring any student to programs or services relating to Programs for Persons At-Risk, until July 1, 1996, when such programs will be fully implemented. Currently, students are being referred to or ordered into these programs, although such programs are not yet operational. This provision will prohibit authorized entities from making such referrals until the programs have been implemented throughout the state, thereby lessening the likelihood that school divisions will be held accountable for failing to provide such required programs and services. An emergency clause makes this measure effective upon passage.

WI **1994 Wis. Laws, Act 446** makes various changes regarding the provision of mental health treatment and services for children. The act creates a new type of foster home called a "treatment foster home" in which professional treatment is provided by trained individuals. The act permits a juvenile court to order a county to provide special treatment or care for a child who is adjudicated delinquent or found to be in need of protection or services. The Department of Health and Social Services or a county is required to screen a child whose legal custody is transferred to the department or the county to

determine whether the child is in need of special treatment or care because of alcohol or other drug abuse, mental illness or severe emotional disturbance. The liability of guardians and legal custodians to contribute to the cost of certain court-ordered services provided for a child is eliminated. The department is required to expend on services and projects to assist children and families all money received from the federal foster care and adoption assistance program in reimbursement of foster care costs paid by the department. Formerly, the money was deposited in the general fund to be expended for any purpose.

WI **1993 Wis. Laws, Act 16, Secs. 868 and 869** provides $97,300 under 6.6 positions in 1994-95 to expand mental health services provided to adolescents under the Anchorage Program at Winnebabo Mental Health Institute. The act authorizes the Department of Health and Social Services to use the Anchorage Program to provide inpatient assessment and treatment of adolescents who have mental illness, who evidence mental illness-related behavior and who may be dangerous to the adolescent or to others, and who have a history of mental illness and resistance to less restrictive forms of treatment.

Left: Jeffrey Branford, CMS; Right: Christina Castle, CMS;
Center: Nicole Goodman, CMS

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Pregnancy/Parenting

AL **1992 Ala. Acts, Act 590, Sec. 2** lists required components of a public school sex education curriculum including providing information on legal financial responsibilities of childbearing and sexual abuse and comprehensive instruction in parenting skills and responsibilities, including child support payment.

AZ **1994 Ariz. Sess. Laws, Chap. 368** subject to the granting of appropriate federal waivers by January 1, 1996, precludes an assistance unit headed by an unmarried person under age 18 from eligibility for assistance benefits, unless the applicant and his or her dependents meets one of the following criteria: (1) the applicant has no living or locatable parent, other legally responsible adult relative or legal guardian; (2) the applicant is legally emancipated; (3) the Department of Economic Security (DES) determines that the applicant or his or her dependent's health and safety would be jeopardized if they lived with the legally responsible person; or (4) the unwed minor parent and his child or children reside with the minor's parents, other adult relative or legal guardian who has eligible children or is determined needy by DES.

AR **1993 Ark. Acts, Act 1173, Sec. 36** provides that the number of pregnancies and STDs among students in schools with school-based clinics must be reported annually to the school board of directors.

CA **1992 Cal. Stats., Chap. 344** requires the Department of Health Services to award contract augmentation to four Adolescent Family Life Programs in order to develop plans for a comprehensive coordinated substance abuse prevention, intervention, and counseling program to meet the needs of high-risk pregnant or parenting adolescents.

CA **1992 Cal. Stats., Chap. 1065** requires the state agency to include health and nutritional practices during pregnancy in its instruction for students age 12 to 18.

CA **1993 Cal. Stats., SR 23** requests various state agencies to design a collaborative plan to address teenage pregnancy and parenting with the intent to prevent out-of-wedlock pregnancies and promote healthy births and family life.

CT **1992 Conn. Acts, P.A. 49** expands the existing family resource center demonstration program from three locations to more locations around the state, in or associated with public schools. The program provides a number of comprehensive services to families, including a teen pregnancy prevention program for adolescents that emphasizes responsible decision-making and communication skills.

CT **1992 Conn. Acts, P.A. 107** establishes a statewide adolescent health council charged with coordinating health services for teenagers. The act specifies council membership and directs the council to make recommendations concerning teen pregnancy, mental health, violence, substance abuse, AIDS and other STDs, and other areas relevant to adolescent health needs.

CT **1993 Conn. Acts, P.A. 340** authorizes the juvenile court to require minors of certain ages who have sexual relations, where there is no more than two years age different between the parties, to participate in appropriate programs or community service.

CT **1993 Conn. Acts, P.A. 432** creates a new funding formula for grants provided to youth service bureaus and requires these bureaus to coordinate community-based youth services including pregnancy and violence prevention. The act adds pregnant youth and youth parents to those who can benefit from the services.

CT **1994 Conn. Acts, P.A. 232** requires the Department of Social Services (DSS) to develop, within existing funding, a comprehensive plan for reducing teenage pregnancies. DSS must consult with the Department of Public Health and Addiction Services, the Department of Education, and the Department of Children and Families on this plan.

GA **1993 Ga. Laws, p. 1969** requires that women who apply for AFDC, are under age 18, have never married, and are pregnant or have a dependent child must live in a place maintained by an adult relative in order to be eligible for AFDC, with exceptions. The act requires the Department of Human Resources to provide instruction in family planning and parenting skills to recipients of AFDC who have had their first child within one year of first applying for benefits. The act also prohibits increases in AFDC benefits to recipients thereof who would otherwise receive such increases as a result of having additional children. Requirements of the act are subject to federal approval.

HI **1993 Hawaii Sess. Laws, Act 365** requires all employer group health policies, contracts, plans, or agreements that provide for payment of or reimbursement for pregnancy-related services, to provide as an employer option, contraceptive services for the subscriber or any dependent of the subscriber who is covered by the policy. The act applies to policies issued on or after Jan. 1, 1994.

IA **1994 Iowa Acts, Chap. 1186** enables the Department of Human Services to revise existing grant categories to allow for the development and initiation of a statewide adolescent pregnancy prevention campaign and a statewide assessment or evaluation grant.

KS **1994 Kan. Sess. Laws, Chap. 265** makes changes to eligibility requirements for AFDC, including the requirement that pregnant and parenting minors live with their parents in order to receive payment. Exemptions are provided in accordance with the Family Support Act of 1988.

LA **1992 La. Act 578** directs the secretary of the Department of Social Services to establish a program to provide parenting skills education to public assistance recipients ages 14 through 18 who become pregnant for the first time.

LA **1992 La. Act 790** amends Medicaid eligibility requirements for pregnant adolescents by allowing use of the adolescent's income rather than that of her parents. The act requires prenatal or infant public health care programs to provide flexible hours of operation, short waiting periods, and follow-up services.

LA **1993 La. Act 736** requires that, upon 100 percent federal funding, the secretary of the Department of Health and Hospitals (DHH) provide health care programs in priority health care zones. Such targeted programs must be intended to lower infant mortality, teenage pregnancy, and substance abuse; be of the type determined by the secretary; and be in addition to programs already in existence or any programs that may have been implemented under normal circumstances. The "priority health care zone" is defined as any parish or municipality listed as one of the 10 parishes or 25 municipalities with the highest rates of infant mortality, teenage pregnancy, or substance abuse in Louisiana as of July 1 of any given year according to statistics compiled by DHH and the Department of Social Services. The secretary is required to submit annually, to the health and welfare committees of the House and Senate, a report detailing actions taken by DHH in these priority zones.

MD **1993 Md. Laws, Chap. 432** extends from July 1, 1994, until July 1, 2004, the termination date of the Office for Children, Youth, and Families, and the Governor's Council on Adolescent Pregnancy.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1124** states that the legislature recognizes the importance of communicating to preteens about delaying sexual activity and, therefore, the legislature supports the development of abstinence programs for this age group. In addition, the legislature supports the use of comprehensive health care programs to address teen sexual activity, teenage pregnancy, and STDs.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1115** requires the Department of Public Health to use funds appropriated in the pregnancy prevention program to fund four competitively bid demonstration projects. The projects must increase the availability of pregnancy prevention services to people at or below 185 percent of the federal poverty level, and expand availability of services to substance-abusing individuals. The projects must be located in counties with the greatest number of teen pregnancies in 1990.

MN **1993 Minn. Laws, Chap. 1, First Special Session** appropriates $200,000 for a special demonstration program to help young mothers aged 16 through 22 achieve self-sufficiency. The New Chance Program is a comprehensive service delivery model that addresses the needs of young mothers who are high school dropouts and AFDC recipients. Participants receive education, health care, child care, parenting education, and employment and training services.

MN **1994 Minn. Laws, Chap. 636, Art. 1, Sec. 10** appropriates $80,000 to help reduce pregnancies among teens by developing a pregnancy prevention program modeled after the Education Now and Babies Later (ENABL) program in California.

MN **1994 Minn. Laws, Chap. 647, Art. 8, Sec. 24** makes grants available for youth or parenting programs that collaborate with school districts to educate young people, particularly males age 10 through 21, on the responsibilities of parenthood. The act appropriates $500,000 and each state dollar must be matched with 50 cents of other money or in-kind contributions.

MS **1994 Miss. Laws, Chap. 582** revises the Welfare Restructuring Program Act of 1993. The act, among other provisions, requires teenagers to attend school in order to receive AFDC benefits and requires single parents who are minors to live with their parents in order to receive AFDC benefits. All provisions are subject to approval under the federal waiver approval process.

MO **1994 Mo. Laws, HBs 1547 and 961** requires school districts to provide, either directly or through contract, child care programs during school hours for children of students.

MT **1993 Mont. Laws, SJR 23** urges the continued emphasis on teaching abstinence in sex education courses as the most effective method of preventing teen pregnancy and STDs.

NE **1994 Neb. Laws, L.B. 1224** makes numerous changes regarding welfare reform, including requiring a minor parent to actively engage in a self-sufficiency contract and in the activities outlined in the contract in order to receive the cash grant when he or she graduates from high school, receives a General Education Development (GED) diploma, or reaches age 19. The act also requires that the parents of a teen parent who applies for assistance must provide financial support for the teen unless their income is less than 300 percent of the federal poverty level.

NV **1993 Nev. Stats., Chap. 215** authorizes school districts to establish alternative education programs for students at risk of dropping out of high school and describes characteristics of eligible students, including pregnant and parenting students. The act also authorizes education opportunities, including occupational education and credit for work.

NH **1994 N.H. Laws, Chap. 409** increases Medicaid coverage for all eligible children up to age 18 and for pregnant women.

NY **1993 N.Y. Laws, Chap. 148** authorizes boards of education to use school buildings to provide child care services during school hours to children of students and school district employees.

NY **1994 N.Y. Laws, Chap. 645** prohibits an HMO from limiting a female enrollee's direct access to primary preventive obstetric and gynecological services from within the plan to less than two examinations annually for such services, or to any care related to pregnancy. The act further prohibits an HMO from limiting direct access to services required as a result of such annual examinations or as a result of an acute gynecological condition, provided that the qualified provider discusses such services and treatment plan with the enrollee's primary care practitioner in accordance with the HMO's requirements. The administrative officer or other person in charge of each HMO must advise each female enrollee, in writing, of these provisions.

NC **1992 N.C. Sess. Laws, Chap. 900** appropriates funds to the Department of Environment, Health, and Natural Resources to develop parenting education protocols that focus on the care of newborns, early growth and development, the importance of preventive health care services, early self-esteem, injury prevention, and stress reduction.

NC **1992 N.C. Sess. Laws, Chap. 900, Sec. 168** requires the North Carolina Adolescent Pregnancy Prevention Coalition to report annually to the Joint Legislative Commission on Governmental Operations on activities and itemized expenditures, with funding sources, during the past fiscal year.

NC **1992 N.C. Sess. Laws, Chap. 900, Secs. 143 and 145** requires several state agencies to conduct a study to determine how low provider participation in the Medicaid program creates barriers for pregnant women and children. The act requires examination of various medical professionals, different methods of increasing provider participation, and a legislative report. The act requires the Department of Human Resources to evaluate all adolescent parenting programs and report to the House and Senate Appropriations Committee.

OK **1994 Okla. Sess. Laws, Chap. 170** creates the Act for Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The act is a comprehensive, coordinated, multidisciplinary and interagency effort to reduce the rate of adolescent pregnancy and STDs in this state. The act establishes a Joint Legislative Committee and an Interagency Council for the Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The two entities will cooperatively ensure that the purposes of the act are accomplished pursuant to a state plan that must be completed by Dec. 1, 1994, and implemented by July 1, 1995. The plan requires components of the plan are a public awareness campaign, identification of prevention strategies and resources, coordination and collaboration among related efforts and programs, empowerment of local community prevention efforts, and evaluation of prevention strategies and programs. Additionally, the public awareness campaign must promote abstinence from premarital sex and cannot directly or indirectly condone premarital or promiscuous sexual activity.

RI **1993 R.I. Pub. Laws, Chap. 216** creates the Department of Substance Abuse, which is responsible for planning and coordinating the state's substance abuse prevention and treatment activities and services. Services include a statewide resource center, outpatient treatment for pregnant women, and residential treatment for adolescents, women, and minorities.

SC **1993 S.C. Acts, SJR 404** declares a Teenage Pregnancy Prevention Week.

SC **1993 S.C. Acts, Act 165** deletes mandatory school attendance exceptions for married or pregnant children and a child absent from school three years or more. The act adds an exception for a student parent granted a temporary waiver.

TN **1992 Tenn. Pub. Acts, Chap. 990** establishes the "Tennessee Resource Mother Program" as a model program in one urban and one rural area within the Department of Health. The voluntary program, which is aimed at reducing infant mortality and low birthweight rates in the state, targets teenagers pregnant with their first child; facilitates prenatal care and well-child visits; and provides services through the infant's first birthday. The program intends to decrease the incidence of low birthweight babies, increase school attendance for postpartum teens, reduce risk behaviors, and improve parenting skills. The Resource Mothers Program will recruit lay women from the community who will receive training to serve as resource mothers for pregnant and parenting teens.

TX **1993 Tex. Gen. Laws, Chap. 830** establishes a parental responsibility pilot program to assist teenage AFDC recipients. The act models the program after the Wisconsin Parental and Family Responsibility Initiative.

TX **1993 Tex. Gen. Laws, Chap. 907** allows any school district to provide an integrated program of educational and support services for students who are pregnant or who are parents. The act requires that notice of each live birth to a school-age mother shall be forwarded to the commissioner of education, and adds any student that is pregnant or a parent to the list of those defined as "at risk of dropping out of school," and eligible for special services.

VA **1994 Va. Acts, Chap. 760** delays the effective date for the Programs for Persons At-Risk until July 1, 1996, to allow further planning for implementation. An emergency clause makes this measure effective upon passage. Students "at-risk" are those that have problems with academic performance, physical and mental health, family relationships, substance abuse, or poverty or have been suspended, expelled or is chronically truant from school, or who is a pregnant or parenting teenager, or a school dropout.

VA **1994 Va. Acts, Chap. 761** prohibits school personnel, school boards, state agencies, and courts of competent jurisdiction in the Commonwealth from placing or referring any student to programs or services relating to Programs for Persons At- Risk, until July 1, 1996, when such programs will be fully implemented. Currently, students are being referred to or ordered into these programs, although such programs are not yet operational. This provision will prohibit authorized entities from making such referrals until the programs have been implemented throughout the state, thereby lessening the likelihood that school divisions will be held accountable for failing to provide such requirement programs and services. An emergency clause makes this measure effective upon passage.

WA **1993 Wash. Laws, Chap. 407** establishes a program within the Department of Health to fund community-based teen pregnancy prevention projects. The projects will be evaluated by the reduction of the pregnancy and birth rates among teens in the community served. The applications for funding will include components that address religious, cultural, and socioeconomic differences in the community to be served, and the inclusion of sexual abstinence as an acceptable method of pregnancy prevention. A teen pregnancy prevention media campaign will be conducted in conjunction with local media outlets and interested organizations and corporations.

WA **1994 Wash. Laws, Chap. 299** requires the Office of the Superintendent of Public Instruction to administer a program for the 1994-95 school year that provides grants to school districts for media campaigns promoting sexual abstinence and addressing the importance of delaying sexual activity, pregnancy, and childbearing until individuals are ready to nurture and support their children. The messages will be distributed in the school and community where they are produced and should be substantially designed and produced by students. The grants require a local private sector match equal to the state grant, which may include in-kind contributions of technical or other assistance from consultants or firms involved in public relations, advertising, broadcasting, and graphics or video production or other related fields. The Department of Social and Health Services will determine the most appropriate living situation for AFDC applicants under age 18 who are unmarried, pregnant, or already have a dependent child. Parents of the recipient are entitled to a hearing in superior court to challenge a decision by the department related to the most appropriate living situation for their child.

WI **1993 Wis. Laws, Act 16, Sec. 153** appropriates $10,000 to train pregnancy prevention program providers throughout the state on adolescent development. Training will include information on the specific cognitive and emotional levels of adolescents.

School Health/School-Based Health Services

AR **1993 Ark. Acts, Act 1173, Sec. 36** states that it is the policy of Arkansas to discourage sexual activity by students. The act also requires that all schools associated with distributing, recommending, or prescribing condoms or contraceptives adopt a resolution acknowledging that there are risks associated with teen sexual activities. The act further lists certain requirements for parental consent for contraceptive services and condom distribution to students and requires all school-based clinics to maintain accurate records of distributing and prescribing condoms and contraceptives. The act requires that the number of pregnancies and STDs among students in schools with school-based clinics be reported annually to the school board of directors. The act also provides for the confidentiality of the student's medical records.

CA **1992 Cal. Stats., Chap. 23** requires schools participating in school-based early mental health programs to report on their efforts to gain federal Medicaid reimbursement for services they provide.

CA **1994 Cal. Stats., Chap. 172** expands the circumstances under which school nurses will be authorized to teach health courses in all grade levels, including preschool and adult classes.

CA **1994 Cal. Stats., Chap. 195** appropriates Cigarette and Tobacco Products Surtax Fund (C&T) money for various health education programs, health care services, and research activities for 1994-95 and 1995-96 and makes changes to the C&T Fund appropriations.

CT **1992 Conn. Acts, P.A. 49** expands the existing family resource center demonstration program from three locations to more locations around the state, in or associated with public schools. The program provides a number of comprehensive services to families, including a teen pregnancy prevention program for adolescents that emphasizes responsible decision making and communication skills.

CT **1994 Conn. Acts, P.A. 3 (May Special Session)** creates an Office of Health Care Access (OHCA) that is responsible for reporting by Jan. 1, 1995, to the Public Health and Insurance and Real Estate Committees with plans, recommendations, and cost estimates for health care reform including utilization and expansion of school-based clinics.

GA **1993 Ga. Laws, p. 979** permits judges to allow specified school counselors access to certain official records, including records of child abuse and substance abuse. The act also requires that these records remain confidential.

HI **1992 Hawaii Sess. Laws, Act 296** appropriates $9,654,315 for FY 1993 for health services to school-aged children, including enhancing the development and implementation of school-based health centers and delivering primary health care services to adolescents in communities with a demonstrated need for these services.

IN **1994 Ind. Acts, P.L. 80** reinstates retroactively a requirement that expired on July 1, 1993, that each school corporation (district) or school corporation's qualified provider enroll in a program to use federal funds under the Medicaid program with the intent to share the costs of services that are reimbursable under the Medicaid program and that are provided to eligible children by the school corporation. The Office of Medicaid Policy and Planning and the Department of Education are required to develop policies and adopt rules to administer the program. Federal reimbursement for paid claims submitted by the school corporations under the program are required to be distributed to the school corporations. The state shall retain the nonfederal share of the reimbursement for Medicaid services. The Office of Medicaid Policy and Planning, with the approval of the budget agency and after consultation with the Department of Education, will establish procedures for the timely distribution of federal reimbursement owed to school corporations.

LA **1994 La. Act 27** increases the required contact hours for alcohol, drug, and substance abuse programs for students in grades kindergarten through nine. Required contact hours are increased to a minimum 16 hours of contact every school year and a minimum eight hours per school year for grades 10 through 12. The required minimum hours will be incorporated into a comprehensive school health program.

MA **1993 Mass. Acts, Chap. 71** requires the Department of Social Services, Youth Services, Mental Health and Mental Retardation to develop a plan to earmark between 1 percent and 2 percent of its total budget to provide services in school-based centers.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1103** requires that agencies receiving funds appropriated for adolescent health care services must meet all of the following criteria: each adolescent health clinic funded by the agency is required to report annually to the Department of Public Health, specified information, such as funding, utilization, and demographic data; each local school board funded by the agency is to establish a local advisory committee before the planning phase of an adolescent health clinic intended to provide services within that school district; an adolescent health clinic funded by the agency is not allowed to provide abortion counseling or services or make referrals for abortion services; if a local advisory committee recommends that family planning be provided as a service, any public information brochure is required to include family planning in its description of the entire array of services provided by the adolescent health clinic; and each adolescent health clinic funded by the agency is required to have a written policy on parental consent. The act requires a local advisory committee to submit written recommendations regarding the implementation and types of services rendered by any adolescent health clinic to the local school board for approval of adolescent health services rendered in a building where instruction is provided in grades kindergarten through 12.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1104** requires the Department of Public Health, in allocating funds for adolescent health care services, to give equal consideration for funding to proposals based on the comprehensive adolescent health center model, as outlined by the adolescent health advisory committee, and to alternative models of adolescent health service delivery.

MS **1994 Miss. Laws, Chap. 632** requires the State Department of Health, in conjunction with the Office of Student Development Branch of Health-Related Services of the State Department of Education, to develop a long-range strategic plan for a comprehensive school health education program in grades kindergarten through 12, and to make a report to the governor and the legislature before Jan. 1, 1995. The program will address health education, health services, physical education and fitness, and a healthful school environment. The act requires the school nurse intervention program of the State Department of Health to be available to all public school districts in the state. Each public school district must employ a school nurse by the 1998-99 school year. The act requires reproductive health education and referral services under the program to include abstinence, and specifically prohibits public school nurses from providing abortion counseling or referring any student to abortion counseling or abortion clinics.

MO **1993 Mo. Laws, HB 564** enacts a variety of health care reforms and enables the Departments of Health and Social Services to give grants to school districts, schools, or local health departments for improving child health services. Preference in awarding grants will be given to applicants with a greater need for services and a lesser ability to pay for them. The Department of Social Services may also provide Medicaid payment incentives. The Departments of Health and Social Services will also develop a plan to encourage public schools and school districts to act as Medicaid providers and provide services for children under age 19. A public school or public school district may elect to serve as a Medicaid provider for primary and preventive care and Medicaid childhood screening and treatment services. Such schools and districts will provide Medicaid services to all Medicaid-eligible school children in the district or service area. Before offering services, the public school, district, or contractor will provide each parent with a consent form and checklist of services to be offered. The parent will be requested to specify any services that may not be provided to his or her child. If the services that the public school or school district chooses to provide include referral for contraceptive drugs or devices, the checklist will specifically mention that fact. Referral for contraceptive devices or contraceptive drugs will not be made unless the parent or guardian affirmatively selects such services on the checklist. Contraceptive devices or drugs may not be provided by school personnel or their agents. A child seeking such services must be referred to a designated family practitioner.

MO **1994 Mo. Laws, HBs 1547 and 961** requires "The Rites of Passage" program be offered by the Department of Social Services to those schools requesting the program. The program is offered to young people from diverse backgrounds and high risk environments.

NY **1993 N.Y. Laws, Chap. 104** extends the school health services for preschool and school-age children from age 15 to 16.

NY **1994 N.Y. Laws, Chap. 170** extends by one year the maximum duration of projects to provide school health services. The act authorizes the commissioner of health to waive any provisions of the Public Health Law and regulations in order to establish projects to provide improved and expanded school health services for preschool and school-age children. The act also authorizes the commissioner to provide funds to enter into contracts with licensed hospitals and diagnostic and treatment centers or, where necessary, with other health care providers and to issue appropriate operating certificates.

NC **1992 N.C. Sess. Laws, Chap. 900, Sec. 168** funds four comprehensive adolescent health care demonstration projects and early adolescent health technical assistance and childhood vaccinations for children in community, migrant, and rural health centers and for nonMedicaid-eligible children.

SC **1994 S.C. Acts, Act 441** provides that beginning with the 1995-96 school year, the physical education course required in the secondary schools will occur over two semesters. For one semester, a personal fitness and wellness component must be taught, and for one semester a lifetime fitness component must be taught either over the semester or in two nine-week divisions.

SC **1994 S.C. Acts, Act 570** establishes a pilot project for school-based counseling services. The three-year pilot project must be established jointly by the Department of Mental Health and the Department of Education. The purpose of the project is to provide an array of school-based and child-focused counseling services developed by the Department of Mental Health in designated schools. The pilot project must serve at least 14 schools. The departments are required to use Medicaid reimbursement to off-set the cost to the state. The act establishes a School-Based Mental Health Pilot Project Advisory Board. The involved departments are required to submit an annual progress report containing a financial statement, which includes Medicaid reimbursement data, and a report of activities no later than September 1 each year of the project to the Legislative Governor's Committee on Mental Health and Mental Retardation.

SD **1994 S.D. Sess. Laws, Chap. 293** allows a physician's assistant and a nurse practitioner to certify an athlete's ability to participate in athletics.

VA **1994 Va. Acts, HJR 165** requests the Department of Education, in cooperation with the Department of Health, to study the need for guidelines for health requirements for sports participation in the public schools.

WV **1992 W. Va. Acts, Chap. 57** requires the Board of Education to create a school health services advisory committee to improve school-based services for Medicaid-eligible children. The act also specifies composition of the committee.

WV **1994 W. Va. Acts, Chap. 24** requires county boards to establish a policy for the administration of medications to students. School employees, except for certain school employees in the field of special education, may not be required to administer medications to students.

Sexually Transmitted Diseases

AR **1993 Ark. Acts, Act 1173** requires school-based health clinics to report statistics on the number of STDs among school students.

CA **1993 Cal. Stats., Chap. 294** adds chlamydia screening to the list of family planning services provided to eligible individuals of the Office of Family Planning.

CT **1992 Conn. Acts, P.A. 107** establishes a statewide adolescent health council charged with coordinating health services for teenagers. The act specifies council membership and directs the council to make recommendations concerning teen pregnancy, mental health, violence, substance abuse, AIDS and other STDs, and other areas relevant to adolescent health needs.

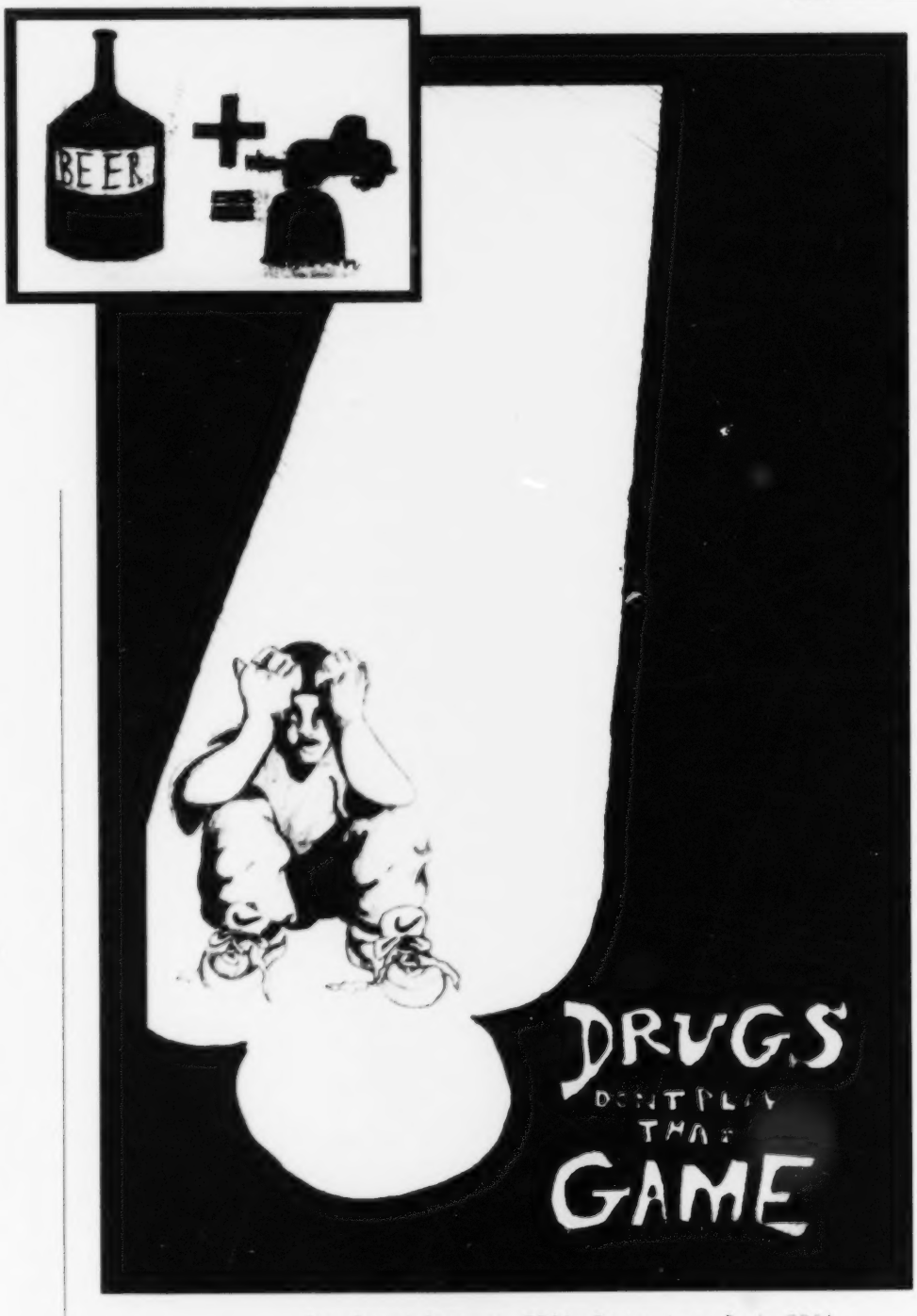
IL **1994 Ill. Laws, P.A. 88-0654** provides that consent to a medical or surgical procedure for a STD executed by a minor parent is not voidable because of that minor's age.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1124** states that the legislature supports the use of comprehensive health care programs to address teen sexual activity, teenage pregnancy, and STDs.

MN **1993 Minn. Laws, Chap. 167** allows minors to consent to receive hepatitis B vaccine.

MT **1993 Mont. Laws, SJR 23** urges the continued emphasis on teaching abstinence in sex education courses as the most effective method of preventing teen pregnancy and STDs among teens.

OK **1994 Okla. Sess. Laws, Chap. 170** creates the Act for Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The act is a comprehensive, coordinated, multidisciplinary and interagency effort to reduce the rate of adolescent pregnancy and sexually transmitted diseases in the state. The act establishes a Joint Legislative Committee and an Interagency Council for the Coordination of Efforts for Prevention of Adolescent Pregnancy and Sexually Transmitted Diseases. The two entities will ensure that the purposes of the act are accomplished pursuant to a state plan that must be completed by Dec. 1, 1994, and implemented by July 1, 1995. Required components of the plan are a public awareness campaign, identification of prevention strategies and resources, coordination and collaboration among related efforts and programs, empowerment of local community prevention efforts, and evaluation of prevention strategies and programs. Additionally, the public awareness campaign must promote abstinence from premarital sex and cannot directly or indirectly condone premarital or promiscuous sexual activity.



Top: Patrick Ferguson, CDSA Center: Jason Pugh, CDSA

Substance Abuse

AL **1992 Ala. Acts, Act 590, Sec. 3** lists required components of a public school drug education curriculum, including age-appropriate prevention programs addressing legal, social, and health consequences of drug and alcohol use, effective ways of resisting peer pressure, standards applicable to students and public school employees relating to illicit drugs, and sanctions.

AK **1992 Alaska Sess. Laws, Chap. 38** expands Medicaid coverage to include rehabilitative and targeted case management services for substance abusers.

AR **1993 Ark. Acts, Act 890** provides funding for increased adolescent residential alcohol and drug abuse treatment programs.

CA **1992 Cal. Stats., Chap. 344** requires the Department of Health Services to award contract augmentation to four Adolescent Family Life Programs in order to develop plans for a comprehensive coordinated substance abuse prevention, intervention, and counseling program to meet the needs of high-risk pregnant or parenting adolescents.

CA **1994 Cal. Stats., Res. Chap. 39** urges the president and Congress to include comprehensive alcohol and other drug abuse treatment as a benefit covered under health insurance as part of national health care reform legislation.

CT **1992 Conn. Acts, P.A. 107** establishes an adolescent health council to advise state agencies on coordinating teen health services. The act directs the council to address teen pregnancy, substance abuse, AIDS, and other STDs.

CT **1994 Conn. Acts, P.A. 3 (May Special Session)** establishes a new Department of Health that includes all programs under the current Department of Public Health and Addiction Services and the Department of Mental Health. The act also creates an Office of Health Care Access (OHCA) that is responsible for developing a plan for health system reform and consolidation of state health regulation and financing. The OHCA must report by Jan. 1, 1995, to the Public Health and Insurance and Real Estate Committees with plans, recommendations, and cost estimates for health care reform including utilization and expansion of community health centers and school-based clinics and a standard benefits package that includes mental health, substance abuse, and rehabilitation services.

CT **1994 Conn. Acts, P.A. 232** directs the Department of Children and Families (DCF) to develop a comprehensive plan for substance abusing children and youth, in conjunction with the Department of Public Health and Addiction Services. This plan must be part of DCF's five-year master plan, submitted biennially to the General Assembly.

GA **1993 Ga. Laws, p. 979** permits judges to allow specified school counselors access to certain official records, including records of child abuse and substance abuse. The act also requires that these records remain confidential.

HI **1994 Hawaii Sess. Laws, Act 198** appropriates funds for FY 1995 for a grant-in-aid to the Honolulu Police Department's component of the "No Hope in Dope" program for school and community projects, a van and travel expenses. The program seeks to teach students and their families about the dangers and effects of drug and alcohol abuse.

ID **1992 Idaho Sess. Laws, Chap. 137** establishes a Youth Education Account in the state treasury to be used for production and purchase of radio and television advertising concerning substance abuse.

ID **1993 Idaho Sess. Laws, Chap. 154** defines an "inhalant." The act prohibits minors from possessing or using an unprescribed inhalant or using it differently than the label's instruction and provides penalties.

ID **1994 Idaho Sess. Laws, Chap. 60** provides conditions when people under age 21 may possess or handle wine, including making a delivery as requested by a parent or employer, or when in a private residence accompanied by a parent or guardian with a parent's or guardian's consent.

ID **1994 Idaho Sess. Laws, Chap. 414** provides a penalty of a maximum $300 or 30 days in a juvenile detention facility or both for possession of marijuana or drug paraphernalia.

IA **1994 Iowa Acts, Chap. 1105** requires the knowledge, consent, and presence of a parent or guardian of a person under the age of 21 for the person to consume an alcoholic beverage in a private home. The act also authorizes a liquor control licensee, permittee or employee of a licensee or permittee to seize a motor vehicle license or nonoperation identification card of a person wishing to purchase an alcoholic beverage if the license or card is or appears to be altered or falsified or belongs to another person. Within 24 hours, the seized card or license must be delivered to the appropriate law enforcement agency with a written report of the circumstances regarding the retention of the license or card. The law enforcement agency may investigate whether or not a law has been violated or return the card or license to the person to whom it was issued. The law enforcement agency may also forward the license or card to the State Department of Transportation and the department has the option of investigating a potential violation or returning the license or card to the person to whom it was issued. The act also specifies penalties for the sale or supply of alcoholic beverages to people under age 18 as well as people age 18, 19, and 20.

LA **1993 La. Act 736** requires that, upon 100 percent federal funding, the secretary of the Department of Health and Hospitals (DHH) provide health care programs in priority health care zones. Such targeted programs must be intended to lower infant mortality, teenage pregnancy, and substance abuse; be of the type determined by the secretary; and be in addition to programs already in existence or any

programs that may have been implemented under normal circumstances. The "priority health care zone" is defined as any parish or municipality listed as one of the 10 parishes or 25 municipalities with the highest rates of infant mortality, teenage pregnancy, or substance abuse in Louisiana as of July 1 of any given year according to statistics compiled by DHH and the Department of Social Services. The secretary is required to submit annually, to the health and welfare committees of the House and Senate, a report detailing actions taken by DHH in these priority zones.

LA **1994 La. Act HCR 3** urges and requests the State Board of Elementary and Secondary Education and the state Department of Education to establish and implement a policy in all public elementary and secondary schools of teaching the concepts of alcohol and substance abuse as diseases.

LA **1994 La. Act 18, Third Extra Session,** provides for accessibility to preventive alcoholism and addiction counseling or treatment by qualified professionals for minor children of alcoholics and drug addicts. The act authorizes a school or a facility to provide preventive counseling or treatment to a child without parental consent with certain guidelines. A school or facility providing preventive counseling or treatment is required to seek, with the written consent of the child, the involvement of the parent, family member, or other individual close to the child, subject to the confidentiality requirements of this act. A school or facility is permitted to solicit and use any available state, federal, or private resources, including but not limited to funds, in-kind resources, or volunteer services, for the purpose of providing preventive counseling or treatment services. The law requires that the identity of people receiving preventive counseling or treatment and all records containing information regarding the provision of preventive counseling or treatment be confidential except for compliance with state and federal laws and regulations.

LA **1994 La. Act 27** increases the required contact hours for alcohol, drug and substance abuse programs for students in grades kindergarten to nine to a minimum 16 hours of contact every school year. Required hours are increased to a minimum eight hours per school year for grades 10 through 12. The required minimum hours will be incorporated into a comprehensive school health program.

MD **1994 Md. Laws, Chap. 175** repeals the termination date of a provision of law that specifies that the capacity of a minor to consent to treatment for drug or alcohol abuse does not include the capacity to refuse treatment for drug abuse or alcoholism in a certified alcohol and drug abuse treatment program if the minor's parent or guardian has consented to the minor's admission into the program. A parent or guardian is authorized to apply on behalf of a minor for admission into a certified inpatient alcohol or drug abuse treatment program.

MD **1994 Md. Laws, Chap. 483** prohibits people from making false statements about their age in order to obtain alcoholic beverages.

MD **1992 Md. Laws, Chaps. 494 and 495** authorize a minor's parent or guardian to apply for the minor's admission into an inpatient alcohol or drug abuse program. The acts also gives parents and guardians the right to be actively involved in the minor's treatment and specifies that minors cannot refuse inpatient treatment if the minor's parents have consented.

MA **1992 Mass. Acts, Chap. 110** increases the penalty for a subsequent offense of unaccompanied possession or transportation of alcohol by a person under age 21. The act also eliminates references to a warrantless arrest for violators and cases involving operation of a motor vehicle.

MA **1993 Mass. Acts, Chap. 71** directs the Board of Education to assist localities in implementing Drug Abuse Resistance Education Programs (DARE) for middle school students. The act also requires that student handbooks contain information about expulsion for possessing a controlled substance on school grounds or at school-related events.

MI **1993 Mich. Pub. Acts, Act 174, Sec. 1115** requires the Department of Public Health to use funds appropriated in the pregnancy prevention program to fund four competitively bid demonstration projects. The projects must increase the availability of pregnancy prevention services to people at or below 185 percent of the federal poverty level, including expansion of the availability of services to substance-abusing individuals.

MN **1992 Minn. Laws, Chap. 499, Art. 7, Sec. 11** extends revenue collection authority for drug abuse prevention programs. Limits use of the revenue to drug abuse prevention programs, rather than for drug abuse resistance education curricula or for investigation of controlled substance crimes.

MN **1994 Minn. Laws, Chap. 576, Sec. 4** instructs the Department of Corrections to license several regional secure juvenile facilities throughout the state, effective January 1995. Intensive education programs will be designed for use at each secure facility, and will be tailored based on an offender's criminal history, age, and cultural and ethnic heritage. Other program components will include mental health screening and chemical dependency treatment.

MN **1994 Minn. Laws, Chap. 636, Art. 4, Sec. 29** requires law enforcement agencies to make a reasonable effort to use vehicles confiscated during drug busts and other criminal arrests in the DARE program.

NE **1994 Neb. Laws, L.B. 988** requires, as part of the juvenile crime bill, that the Office of Juvenile Services, within the Department of Correctional Services, is responsible for the design and provision of program and treatment services for the renamed Youth Development Centers at Geneva and Kearney. The act specifies programs and treatment services that must be offered, including programs relating to physical and mental health, drug and alcohol addiction, education, and counseling. The act provides that individualized case planning will begin with the initial assessment and continue through the youth's reintegration into the community upon release from the facility.

NH **1994 N.H. Laws, Chap. 410** appropriates $750,000 to the office of alcohol and drug abuse prevention to expand halfway houses and residential programs for adults, adolescents, and women, and children; to establish crisis intervention and social detoxification services in unserved areas; to support medical heroin detoxification and related residential services; and to support comprehensive programs for people with mental illnesses and substance abuse problems.

NJ **1993 N.J. Laws, Chap. 70** prohibits people from selling or offering to sell any product containing chlorofluorocarbon or hydrochlorofluorocarbon that is used as a refrigerant, to a person under age 18.

NM **1993 N.M. Laws, Chap. 77, Sec. 48** authorizes the court to transfer the custody of a child to the department for six months for treatment if the child is found delinquent solely for alcohol, drug, or illegal use of legal substances violations. This act applies only if the department is able to pay for the treatment.

NY **1992 N.Y. Laws, Chap. 356** clarifies discharge procedures for minors from alcohol treatment facilities to provide for their safety.

NY **1994 N.Y. Laws, Chap. 230** requires the Commissioner of Health, on or before April 1, 1994, and on or before April 1 in each subsequent year, to report to the Legislature concerning the impact of the 1989 provisions (Chap. 418) regulating the prescription and dispensation of anabolic steroids. Extends from June 1, 1994, to June 1, 1996, provisions authorizing the commissioner to exempt or downschedule certain substances containing anabolic steroids.

NY **1994 N.Y. Laws, Chap. 407** extends for an additional two years, until Oct. 1, 1996, the Task Force on Integrated Projects, which develops pilot projects for alcohol and drug abuse prevention.

NC **1993 N.C. Sess. Laws, Resolution 27** adopts the Youth Substance Abuse Plan as recommended by the Mental Health Study Commission as policy guidance for the development of services.

OH **Vol. 145, 1994 Ohio Laws, S. 209** makes amendments to restrict the sale of and the purchase of low-alcohol beverages to or by any person under 18 years of age. The act also requires that printed warnings be posted prominently in any place where beer, intoxicating liquor, or low-alcohol beverages are sold.

OH **Vol. 145, 1994 Ohio Laws, H. 391** requires an applicant for licensure as a terminal distributor of dangerous drugs who is a food processor or retail seller of food to provide proof to the Board of Pharmacy that the applicant will maintain supervision and control over the possession and custody of nitrous oxide (often used as an inhalant to produce an exhilarating feeling). The act also adds the stimulant ephedrine to the list of Schedule V controlled Substance Schedule, with exceptions. Schedule V controlled substances are defined as less potent as compared to Schedule I, which are the most dangerous controlled substances.

OK **1992 Okla. Sess. Laws, Chap. 5** extends jurisdiction to the municipal court over cases involving municipal ordinance violations relating to curfews and possession of alcoholic and certain nonintoxicating beverages.

OK **1993 Okla. Sess, Laws, HJR 1001** relates to standards for reimbursement under Medicaid for inpatient psychiatric and chemical dependency treatment for children and youth.

OR **1993 Or. Laws, Chap. 421** encourages public school districts to adopt a policy to reduce gang involvement, violent activities, and drug abuse by students.

PR **1993 Puerto Rico Laws, Act 128** amends earlier laws pertaining to the exploitation of minors regarding alcohol and cigarettes.

PR **1994 Puerto Rico Laws, Act 118** strengthens penalties for selling liquor to minors.

RI **1993 R.I. Pub. Laws, Chap. 216** creates the Department of Substance Abuse, which is responsible for planning and coordinating the state's substance abuse prevention and treatment activities and services. Services include a statewide resource center, outpatient treatment for pregnant women, and residential treatment for adolescents, women, and minorities.

TN **1994 Tenn. Pub. Acts, Chap. 607** allows any law enforcement agency that receives proceeds from fines, forfeitures, seizures or confiscations, with certain provisions, to set aside a sum from such proceeds to purchase supplies for the operation and promotion of the DARE program, or any other drug abuse prevention program conducted in the school system or systems served by the law enforcement agency. The local school board must approve any program before it may become eligible to receive funds. Supplies and other items that may be purchased include, but are not limited to, workbooks, T-shirts, caps and medallions.

TN **1994 Tenn. Pub. Acts, Chap. 783** requires the Board of Education, in consultation with the commissioner of safety, by the beginning of the 1994 school year, to establish a statewide DARE club in which any student in grades 6-12 may join and participate. Each local education agency (LEA), middle school, junior high school or high school desiring to do so may form a chapter of the statewide DARE club. The primary purpose of the DARE club shall be to continue and reinforce the drug abuse resistance education such students may have received in earlier grades.

TX **1993 Tex. Gen. Laws, Chap. 705** requires a children's bill of rights be adopted by state agencies that provide mental health, chemical dependency, or comprehensive medical rehabilitation services in inpatient facilities to protect minors receiving treatment for emotional, mental health, or chemical dependency problems. The act also requires the commissioner of education to adopt rules governing the relationship between school districts and mental health care providers.

UT **1994 Utah Laws, Chap. 168** authorizes a peace officer to request a person under the legal age to purchase alcohol or tobacco from a retail establishment. Supervision and reporting requirements are established for the attempted purchase.

VT **1994 Vt. Acts, Act 150** makes it a crime with a $25 fine to intentionally smell or inhale the fumes from certain hazardous inhalants or from certain glues, for the purpose of causing intoxication.

VA **1992 Va. Acts, Chap. 708** makes it a felony to distribute prescription drugs and other previously unspecified controlled substances to minors.

VA **1993 Va. Acts, Chaps. 819 and 856** requires the Board of Education to establish an alternative education program for school-age children who have been expelled or have committed a weapons, alcohol, or drug offense. The act creates a pilot project and specifies project goals.

VA **1994 Va. Acts, Chap. 480** designates the Saturday of the last week of October of each year as "Virginia Drug Free Day" to recognize and support education about the dangers of drug abuse, the penalties for drug crimes, the availability of substance abuse programs, and the need to eradicate drug abuse in Virginia's communities.

VA **1994 Va. Acts, Chap. 760** delays the effective date for the Programs for Persons At-Risk until July 1, 1996, to allow further planning for implementation. An emergency clause makes this measure effective upon passage. Students "at-risk" are those that have problems with: academic performance, physical and mental health, family relationships, substance abuse, or poverty or have been suspended, expelled or is chronically truant from school, or who is a pregnant or parenting teenager, or a school dropout.

VA **1994 Va. Acts, Chap. 761** prohibits school personnel, school boards, state agencies, and courts of competent jurisdiction in the commonwealth from placing or referring any student to programs or services relating to Programs for Persons At- Risk, until July 1, 1996, when such programs will be fully implemented. Currently, students are being referred to or ordered into these programs, although such programs are not yet operational. This provision will prohibit authorized entities from making such referrals until the programs have been implemented throughout the state, thereby lessening the likelihood that school divisions will be held accountable for failing to provide such requirement programs and services. An emergency clause makes this measure effective upon passage. See also 1994 Va. Acts, Chap. 760.

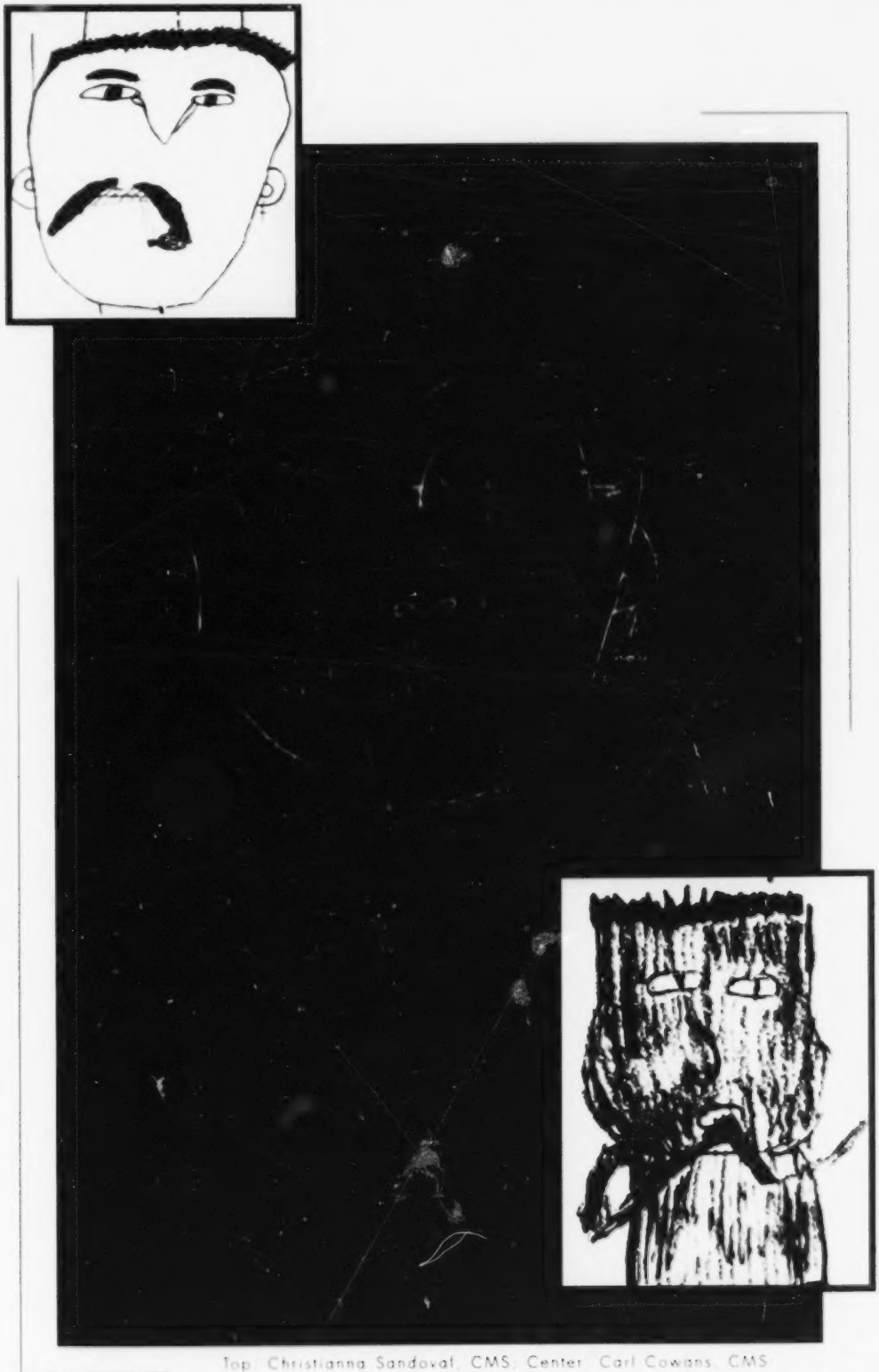
VA **1994 Va. Acts, Chap. 844** provides that in addition to the current prohibition against possessing or drinking alcoholic beverages on public school grounds during school hours or school activities, no person shall drink, and no organization shall serve alcoholic beverages on such school grounds after school hours or at school activities.

WA **1992 Wash. Laws, Chap. 205, Sec. 306** requires the Department of Social and Health Services to ensure that county-designated chemical dependency specialists are trained in adolescent chemical dependency issues and the criteria for commitment.

WV **1994 W. Va. Acts, Chap. 24** requires the State Board of Education to develop drug prevention and violence reduction programs within existing health and physical education programs for implementation at all levels.

WI **1992 Wis. Laws, Act 171** allows the court to stay a penalty order for certain alcohol offenses committed by a minor if the defendant submits to an alcohol abuse assessment, participates in an outpatient treatment program, or participates in a court-approved alcohol abuse education program. The act also establishes procedures for the court to determine whether or not to reinstate the penalty.

WI **1994 Wis. Laws, Act 446** makes various changes regarding the provision of mental health treatment and services for children. The Department of Health and Social Services requires a county to screen a child whose legal custody is transferred to the department or the county to determine whether the child is in need of special treatment or care because of alcohol or other drug abuse, mental illness, or severe emotional disturbance.



Top: Christianna Sandoval, CMS; Center: Carl Cowans, CMS
Bottom: Deshawn Kuy Kendall, CMS

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Tobacco

AK **1992 Alaska Sess. Laws, Chap. 113** establishes a minimum $300 fine for selling tobacco products to a minor. The act creates the offense of failure to supervise a cigarette vending machine and requires those licensed to sell tobacco products to post warning signs that sales to minors are illegal.

CA **1994 Cal. Stats., Chap. 195** appropriates Cigarette and Tobacco Products Surtax Fund (C&T) money for various health education programs, health care services, and research activities for FY 1995 and FY 1996 and makes changes to the C&T Fund appropriations to backfill for $12 million in general fund support for FY 1995 and $9 million in general fund support in FY 1996.

CA **1994 Cal. Stats., Chap. 1009** creates the Stop Tobacco Access to Kids Enforcement Act or "STAKE" Act. The act requires the Department of Health Services to conduct compliance checks of tobacco retailers. Guidelines for the checks include: immediate notification to the retailer if a sale to a minor is made; taking a photograph of the minor prior to the inspection for purposes of verifying appearances; and the surveillance of minors by department inspectors. Among other provisions, civil penalties imposed shall be enforced against the owner or owners of the retail business and not the employees of the business.

CO **1994 Colo. Sess. Laws, Chap. 25** prohibits the use of tobacco products on all school property and at all school-sponsored activities. The governing board of each school is required to adopt policies and rules to enforce such prohibition. The act mandates that signs regarding the prohibition be displayed on school property no later than Sept. 1, 1994. Specific exemptions are allowed from such prohibition. No school shall be prohibited from enacting more stringent policies or rules than required by the act.

CT **1992 Conn. Acts, P.A. 66** prohibits placement of cigarette vending machines in places frequented by minors and increases fines for sales of tobacco products to minors.

DE **Vol. 68 Del. Laws, Chap. 384 (1992)** extends the prohibition against selling tobacco to minors from age 17 to 18.

DE **Vol. 69 Del. Laws, Chap. 287 (1994)** prohibits smoking in elevators, courtrooms, jury rooms, gymnasiums, public meetings, and day care centers. Smoking is restricted to designated areas in schools, theaters, museums, and food service establishments that seat more than 50 people. Employers are required to adopt written smoking policies and must provide nonsmoking areas and may provide smoking areas. This law preempts any local ordinances passed after the law is adopted.

FL **1992 Fla. Laws, Chap. 285** requires vendors of tobacco products to purchase permits from the Division of Alcoholic Beverages and Tobacco. Requires vending machines to be visible by business personnel.

GA **1993 Ga. Laws, p. 343** raises the age for sale or distribution of tobacco related products from 17 to 18 and removes a suspended sentence for first offenses. The act restricts vending machine locations and prohibits sample distribution near schools or playgrounds. The act also provides for enforcement and notice of violations and requires annual, unannounced inspections.

ID **1994 Idaho Sess. Laws, Chap. 133** amends the youth access law to provide misdemeanor penalties to persons who sell tobacco products to individuals under age 18, or to individuals younger than age 18 who buy, accept, or possess tobacco products.

IA **1994 Iowa Acts, Chap. 1105** amends the law to include possession of tobacco products as a violation in addition to previous violations of smoke, use, purchase or attempt to purchase tobacco.

KY **1992 Ky. Acts, Chap. 164** prohibits the distribution of free samples of cigarette or tobacco products to anyone under age 18 and provides penalties. Provides guidelines about advertising tobacco near elementary or secondary schools and provides penalties. The act changes the age from 16 to 18 for retail sales of tobacco products and requires a sign be posted by the retailer.

KY **1994 Ky. Acts, Chap. 480** prohibits people under age 18 from purchasing tobacco products through vending machines and requires the machines to be in the line sight of the cashier unless they are located in factories, bars or taverns. The act also prohibits the distribution of sample tobacco products to people under age 18. The Department of Agriculture is required to conduct random annual inspections to ensure compliance with the law. This law preempts any subsequently enacted local law or ordinance.

LA **1994 La. Act 64, Third Extra Session** deletes the exception for emancipated minors and retains the prohibition of the purchase of tobacco products by a person under age 18 and the requirements of signs at points of sale and on vending machines. The law further prohibits any manufacturer, distributor, retailer, or other person from selling or distributing tobacco products to a person under age 18. The law provides separate penalties for violations for selling or buying tobacco products and violations of the signage requirements at points of sale and on vending machines. The commissioner of the office of alcoholic beverage control, acting through local law enforcement personnel, is required to conduct random, unannounced inspections at locations where tobacco products are sold or distributed and authorizes the enlistment of people under the age of 18 to test compliance, under the supervision of local law enforcement personnel and with parental consent. The commissioner is also required to submit to the governor a report outlining compliance for the governor's use in making an annual report to the secretary of the U.S. Department of Health and Human Services. The act also prohibits smoking in any elementary or secondary school and restricts smoking to designated areas on school grounds.

MD **1994 Md. Laws, Chap. 110** prohibits the use or possession of tobacco products and the distribution of tobacco products and coupons redeemable for tobacco products to people under age 18. The act specifies the penalties that may be imposed on a minor found to have committed a violation, which include requiring the minor to attend a smoking cessation clinic, or assigning the minor to a supervised work program for a specified number of hours. Under the act, if a law enforcement officer has probable cause to believe that a minor is using or possessing, or has used or possessed tobacco products or cigarette rolling papers, the officer is required to issue a citation to the minor. The act also increases

the penalties for any person engaged in the business of selling or otherwise distributing tobacco products for commercial purposes to a minor.

MA **1992 Mass. Acts, Chap. 254** establishes the Health Protection Fund with money from an expanded cigarette tax for health education, smoking prevention and cessation programs, community health centers, and disease-related studies.

MA **1993 Mass. Acts, Chap. 71** requires school district policies to prohibit the use of tobacco products on school property.

MN **1992 Minn. Laws, Chap. 576** prohibits smoking in public elementary and secondary schools.

MN **1994 Minn. Laws, Chap. 636, Art. 2, Sec. 44** makes it a petty misdemeanor for a minor to possess tobacco.

MS **1994 Miss. Laws, Chap. 486** makes it illegal for individuals under age 18 to purchase or receive tobacco products. The act restricts tobacco vending machines in areas not accessible to people under age 18, factories or offices not open to the public, or areas in plain view of the employee. The act also prohibits the sale of single cigarettes and the distribution of tobacco product samples to minors. Local ordinances concerning the use, sale, promotion, or distribution of tobacco products are preempted by this law.

NM **1993 N.M. Laws, Chap. 244** prohibits tobacco product distribution or sale to minors, with specified exceptions. The act incorporates smokeless tobacco provisions and requires random unannounced inspections.

NY **1992 N.Y. Laws, Chap. 799** creates the "Adolescent Tobacco-Use Prevention Act" and amends the public health, education, and tax laws to restrict distribution, dispensing, advertising, and usage of tobacco.

NY **1994 N.Y. Laws, Chap. 493** expands the prohibition on the sale of tobacco products to individuals under age 18 to include the sale of rolling papers or pipes. The standard language requires on signs posted in any place of business in which tobacco products are sold or offered for sale is revised to state that the sale of such products, including rolling papers or pipes, to anyone under age 18 is prohibited by law.

NY **1994 N.Y. Laws, Chaps. 565 and 691** adds new provisions to the "Clean Indoor Air Act," regulating smoking in certain public areas, and other provisions designed to limit children's and adolescents' exposure to second-hand tobacco smoke and their access to tobacco products. The act prohibits tobacco use on school grounds (including any building, structure, or surrounding outdoor grounds contained within public or private preschools, nursery schools, elementary or secondary schools' legally defined property boundaries, and any vehicles used to transport children or school personnel). However, smoking is permitted by adult faculty and staff members in designated smoking areas during hours when no student activity that is supervised by faculty or staff nor officially sanctioned school event is taking place (i.e., nonschool hours). The act stipulates that these provisions do not supersede any collective bargaining agreement, during its term, that is in existence on the effective date. Additionally, smoking is prohibited in the following indoor areas open to the public: youth centers and detention facilities; facilities other than private homes that provide child care services; child care

centers regulated by the State Department of Social Services or licensed by New York City; group homes for children; public institutions for children operated by local social services districts; and mental health residential treatment facilities for children and youth. The sales of all out-of-package tobacco cigarettes are prohibited by mandating that any cigarettes sold or offered for sale by a retail dealer be sold or offered for sale in the package, box, carton, or other container provided by the manufacturer, importer, or packager, which bears all health warnings required by law. The act contains a severability clause.

OK **1994 Okla. Sess. Laws, Chap. 137** creates the Prevention of Youth Access to Tobacco Act. The director of the Alcoholic Beverage Laws Enforcement Commission will be in charge of enforcing provisions of the act, which include the levying of fines and at least annually conducting random, unannounced inspections at locations where tobacco products are sold or distributed. The act prohibits the sale or purchase of any tobacco product to or by any person under age 18. Businesses that sell any tobacco product must display a sign that specifically states that no tobacco products are sold to anyone under 18 years of age, and proof of age is required. It is unlawful for any person to sell tobacco products through a vending machine unless the vending machine is located in certain areas. In addition, it is unlawful for any person to distribute tobacco product samples to any person under age 18. Persons who violate the above mentioned provisions are subject to administrative fines.

PR **1993 Puerto Rico Laws, Act 62** limits advertising of tobacco products in certain places where minors are present and imposes penalties.

PR **1993 Puerto Rico Laws, Act 128** amends earlier laws pertaining to the exploitation of minors regarding alcohol and cigarettes.

SD **1994 S.D. Sess. Laws, Chap. 280** regulates the sale and distribution of tobacco products by prohibiting the purchase of tobacco products anyone under age 18. The act also restricts the placement of tobacco vending machines and outlaws the distribution of free tobacco product samples within 500 feet of a playground, school or other facility used primarily by minors. The law preempts local laws concerning youth access to tobacco products.

TN **1992 Tenn. Pub. Acts, Chap. 700** prohibits the sale of tobacco products or rolling papers to minors. Fines for violations are specified and establishments with vending machines are required to post a specified warning sign.

TN **1993 Tenn. Pub. Acts, Chap. 280** increases penalties for distribution of tobacco products to minors. The act also clarifies that it is an offense to persuade, entice, send, or assist a minor to purchase tobacco products or paraphernalia.

TN **1994 Tenn. Pub. Acts, Chap. 872** creates the "Prevention of Youth Access to Tobacco Act of 1994." The act makes it unlawful for those younger than age 18 to purchase tobacco products, restricts the placement of tobacco vending machines, bans the sale of single cigarettes, and outlaws distribution of free tobacco product samples within 500 feet of a facility used primarily by minors. The law preempts any local laws concerning the regulation of tobacco products, except for regulations concerning smoking in local government buildings.

UT **1994 Utah Laws, Chap. 168** authorizes a peace officer to request a person under the legal age to purchase alcohol or tobacco from a retail establishment. Supervision and reporting requirements are established for the attempted purchase.

VA **1993 Va. Acts, Chap. 631** prohibits the sale of tobacco to a minor if the seller knows or has reason to believe the purchaser is under age and increases fines for violations.

VA **1994 Va. Acts, Chap. 305** prohibits the "distribution" of tobacco to minors. Current law prohibits sale to or purchase for minors. The act also bans smoking in public elementary, intermediate, and secondary schools during school hours.

WA **1994 Wash. Laws, Chap. 202** requires the Liquor Control Board to adopt rules that allow an exception to the requirement that a tobacco vending machine be located within 10 feet of an entrance or exit from which minors are prohibited.

WV **1994 W. Va. Acts, Chap. 68** requires annual, random, unannounced inspections at locations where tobacco products are sold to ensure enforcement of laws that prevent the sale of tobacco products to persons under age 18. Individuals younger than age 18 may be used to check compliance with the law, but only under the direct supervision of the sheriff or chief of police.

WI **1994 Wis. Laws, Act 210** expands the prohibition that restricts retailers from selling cigarettes or tobacco products to any person under age 18 to apply to manufacturers and distributors.

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Appendix A

STATE-BY-STATE SUMMARY

Alabama	Abstinence/Sexuality Education	1992 Ala. Acts, Act 590, Sec. 2
	Pregnancy/Parenting	1992 Ala. Acts, Act 590, Sec. 2
	Substance Abuse	1992 Ala. Acts, Act 590, Sec. 3
Alaska	Substance Abuse	1992 Alaska Sess. Laws, Chap. 38
	Tobacco	1992 Alaska Sess. Laws, Chap. 113
Arizona	Contraception/Family Planning	1993 Ariz. Sess. Laws, Chap. 152
		1994 Ariz. Sess. Laws, Chap. 319
	Medicaid	1993 Ariz. Sess. Laws, Chap. 152
	Pregnancy/Parenting	1994 Ariz. Sess. Laws, Chap. 368
Arkansas	Abstinence/Sexuality Education	1993 Ark. Acts, Act 1173
	Contraception/Family Planning	1993 Ark. Acts, Act 1173, Sec. 36
	Pregnancy/Parenting	1993 Ark. Acts, Act 1173, Sec. 36
	School-Based/School-Linked Health	1993 Ark. Acts, Act 1173, Sec. 36
	Sexually Transmitted Diseases	1993 Ark. Acts, Act 1173
	Substance Abuse	1993 Ark. Acts, Act 890
California	Abstinence/Sexuality Education	1993 Cal. State, Chap. 328
	Contraception/Family Planning	1993 Cal. Stats., Chap. 294
		1994 Cal. Stats., Res. Chap. 32
	HIV/AIDS	1992 Cal. Stats, Chap. 789
		1993 Cal. Stats., Chap. 328
	Medicaid	1992 Cal. Stats., Chap. 23
	Mental Health	1992 Cal. Stats., Chap. 23
		1992 Cal. Stats., Chap. 252
	Pregnancy/Parenting	1992 Cal. Stats., Chap. 344
		1992 Cal. Stats., Chap. 1065
		1993 Cal. Stats., SR 23

California, cont'd.	School Health/School-Based Health Services	1992 Cal. Stats., Chap. 23
		1994 Cal. Stats., Chap. 172
		1994 Cal. Stats., Chap. 195
	Sexually Transmitted Diseases	1993 Cal. Stats., Chap. 294
	Substance Abuse	1992 Cal. Stats., Chap. 344
		1994 Cal. Stats., Res. Chap. 39
	Tobacco	1994 Cal. Stats., Chap. 195
		1994 Cal. Stats., Chap. 1009
Colorado	Abstinence/Sexuality Education	1992 Colorado Sess. Laws, SJR 12
	HIV/AIDS	1992 Colorado Sess. Laws, SJR 12
	Tobacco	1994 Colo. Sess. Laws, Chap. 25
Connecticut	Adolescent Health (miscellaneous)	1992 Conn. Acts, P.A. 107
	Community Health Services	1993 Conn. Acts, P.A. 432
		1994 Conn. Acts, P.A. 3 (May Special Session)
	HIV/AIDS	1992 Conn. Acts, P.A. 107
		1992 Conn. Acts, P.A. 119
		1994 Conn. Acts, P.A. 105
	Mental Health	1992 Conn. Acts, P.A. 107
		1993 Conn. Acts, P.A. 197
		1994 Conn. Acts, P.A. 3 (May Special Session)
	Pregnancy/Parenting	1992 Conn. Acts, P.A. 49
		1992 Conn. Acts, P.A. 107
		1993 Conn. Acts, P.A. 340
		1993 Conn. Acts, P.A. 432
		1994 Conn. Acts, P.A. 232
	School Health/School-Based Health Services	1992 Conn. Acts, P.A. 49
		1994 Conn. Acts, P.A. 3 (May Special Session)
	Sexually Transmitted Diseases	1992 Conn. Acts, P.A. 107
	Substance Abuse	1992 Conn. Acts, P.A. 107
		1994 Conn. Acts, P.A. 3 (May Special Session)
		1994 Conn. Acts, P.A. 232
	Tobacco	1992 Conn. Acts, P.A. 66
Delaware	Tobacco	Vol. 68 Del. Laws, Chap. 384 (1992)
		Vol. 69 Del. Laws, Chap. 287 (1994)
Florida	Tobacco	1992 Fla. Laws, Chap. 285
Georgia	Contraception/Family Planning	1993 Ga. Laws, p. 1969
	HIV/AIDS	1994 Ga. Laws, p. 34
	Pregnancy/Parenting	1993 Ga. Laws, p. 1969
	School Health/School-Based Health Services	1993 Ga. Laws, p. 979
	Substance Abuse	1993 Ga. Laws, p. 979
	Tobacco	1993 Ga. Laws, p. 343

Hawaii	Abstinence/Sexuality Education	1992 Hawaii Sess. Laws, HR 236
	Community Health Services	1993 Hawaii Sess. Laws, Act 237
	Contraception/Family Planning	1993 Hawaii Sess. Laws, Act 365
	Insurance	1993 Hawaii Sess. Laws, Act 365
	Pregnancy/Parenting	1993 Hawaii Sess. Laws, Act 365
	School Health/School-Based Health Services	1992 Hawaii Sess. Laws, Act 296
	Substance Abuse	1994 Hawaii Sess. Laws, Act 198
Idaho	Substance Abuse	1992 Idaho Sess. Laws, Chap. 137
		1993 Idaho Sess. Laws, Chap. 154
		1994 Idaho Sess. Laws, Chap. 60
		1994 Idaho Sess. Laws, Chap. 414
	Tobacco	1994 Idaho Sess. Laws, Chap. 133
Illinois	HIV/AIDS	1992 Ill. Laws, P.A. 87-1104
	Sexually Transmitted Diseases	1994 Ill. Laws, P.A. 88-654
Indiana	Medicaid	1994 Ind. Acts, P.L. 80
	Mental Health	1994 Ind. Acts, P.L. 40
	School Health/School-Based Health Services	1994 Ind. Acts, P.L. 80
Iowa	Community Health Services	1992 Iowa Acts, Chap. 1241, Sec. 11
	Mental Health	1992 Iowa Acts, Chap. 1241, Sec. 11
	Pregnancy/Parenting	1994 Iowa Acts, Chap. 1186
	Substance Abuse	1994 Iowa Acts, Chap. 1105
	Tobacco	1994 Iowa Acts, Chap. 1105
Kansas	Pregnancy/Parenting	1994 Kan. Sess. Laws, Chap. 265
Kentucky	Medicaid	1994 Ky. Acts, Chap. 498
	Tobacco	1992 Ky. Acts, Chap. 164
	Tobacco	1994 Ky. Acts, Chap. 480
Louisiana	Medicaid	1992 La. Act 790
	Mental Health	1994 La. Act, House Study Request 6, Third Extra Session
	Pregnancy/Parenting	1992 La. Act 578
		1992 La. Act 790
		1993 La. Act 736
	School Health/School-Based Health Services	1994 La. Act 27
	Substance Abuse	1993 La. Act 736
		1994 La. Act 18, Third Extra Session
		1994 La. Act 27
		1994 La. Act HCR 3
	Tobacco	1994 La. Act 64, Third Extra Session

Maryland	Contraception/Family Planning	1994 Md. Laws, Chap. 440
	Pregnancy/Parenting	1993 Md. Laws, Chap. 432
	Substance Abuse	1992 Md. Laws, Chaps. 494 and 495
		1994 Md. Laws, Chap. 175
		1994 Md. Laws, Chap. 483
	Tobacco	1994 Md. Laws, Chap. 110
Massachusetts	Mental Health	1993 Mass. Acts, Chap. 71
	School Health/School-Based Health Services	1993 Mass. Acts, Chap. 71
	Substance Abuse	1992 Mass. Acts, Chap. 110
		1993 Mass. Acts, Chap. 71
	Tobacco	1992 Mass. Acts, Chap. 254
		1993 Mass. Acts, Chap. 71
Michigan	Abstinence/Sexuality Education	1993 Mich. Pub. Acts, Act 174, Sec. 1124
	Contraception/Family Planning	1993 Mich. Pub. Acts, Act 174, Sec. 1103
	HIV/AIDS	1994 Mich. Pub. Acts, Act 201, Sec. 403
	Pregnancy/Parenting	1993 Mich. Pub. Acts, Act 174, Sec. 1115
		1993 Mich. Pub. Acts, Act 174, Sec. 1124
	School Health/School-Based Health Services	1993 Mich. Pub. Acts, Act 174, Sec. 1103
		1993 Mich. Pub. Acts, Act 174, Sec. 1104
	Sexually Transmitted Diseases	1993 Mich. Pub. Acts, Act 174, Sec. 1124
	Substance Abuse	1993 Mich. Pub. Acts, Act 174, Sec. 1115
Minnesota	Abstinence/Sexuality Education	1994 Minn. Laws, Chap. 647, Art. 8, Sec. 44
	Mental Health	1994 Minn. Laws, Chap. 576, Sec. 4
	Pregnancy/Parenting	1993 Minn. Laws, Chap. 1, First Special Session
		1994 Minn. Laws, Chap. 636, Art. 1, Sec. 10
		1994 Minn. Laws, Chap. 647, Art. 8, Sec. 24
	Sexually Transmitted Diseases	1993 Minn. Laws, Chap. 167
	Substance Abuse	1992 Minn. Laws, Chap. 499, Art. 7, Sec. 11
		1994 Minn. Laws, Chap. 576, Sec. 4
		1994 Minn. Laws, Chap. 636, Art. 4, Sec. 29
	Tobacco	1992 Minn. Laws, Chap. 576
		1994 Minn. Laws, Chap. 636, Art. 2, Sec. 44
Mississippi	Mental Health	1993 Miss. Laws, Chap. 388
	Pregnancy/Parenting	1994 Miss. Laws, Chap. 582
	School Health/School-Based Health Services	1994 Miss. Laws, Chap. 632
	Tobacco	1994 Miss. Laws, Chap. 486
Missouri	Abstinence/Sexuality Education	1994 Mo. Laws, HBs 1547 and 961
	Contraception/Family Planning	1993 Mo. Laws, HB 564
	Medicaid	1993 Mo. Laws, HB 564
	Pregnancy/Parenting	1994 Mo. Laws, HBs 1547 and 961
	School Health/School-Based Health Services	1993 Mo. Laws, HB 564
		1994 Mo. Laws, HBs 1547 and 961

Montana	Abstinence/Sexuality Education	1993 Mont. Laws, SJR 23
	Pregnancy/Parenting	1993 Mont. Laws, SJR 23
	Sexually Transmitted Diseases	1993 Mont. Laws, SJR 23
Nebraska	HIV/AIDS	1994 Neb. Laws, L.B. 819
	Mental Health	1994 Neb. Laws, L.B. 988
	Pregnancy/Parenting	1994 Neb. Laws, L.B. 1224
	Substance Abuse	1994 Neb. Laws, L.B. 988
Nevada	Contraception/Family Planning	1993 Nev. ACR 37
	Medicaid	1993 Nev. ACR 37
	Pregnancy/Parenting	1993 Nev. Stats., Chap. 215
New Hampshire	Medicaid	1994 N.H. Laws, Chap. 409
	Pregnancy/Parenting	1994 N.H. Laws, Chap. 409
	Substance Abuse	1994 N.H. Laws, Chap. 410
New Jersey	Substance Abuse	1993 N.J. Laws, Chap. 70
New Mexico	Contraception/Family Planning	1994 N.M. Laws, Chap. 147
	Mental Health	1992 N.M. Laws, Chap. 60
	Substance Abuse	1993 N.M. Laws, Chap. 77, Sec. 48
	Tobacco	1993 N.M. Laws, Chap. 244
New York	Community Health Services	1993 N.Y. Laws, Chap. 723
		1994 N.Y. Laws, Chap. 170
	Insurance	1992 N.Y. Laws, Chap. 337
		1994 N.Y. Laws, Chap. 170
		1994 N.Y. Laws, Chap. 731
	Medicaid	1994 N.Y. Laws, Chap. 170
	Mental Health	1992 N.Y. Laws, Chap. 150
		1993 N.Y. Laws, Chap. 135
		1993 N.Y. Laws, Chap. 723
		1994 N.Y. Laws, Chap. 170
		1994 N.Y. Laws, Chap. 461
	Pregnancy/Parenting	1993 N.Y. Laws, Chap. 148
		1994 N.Y. Laws, Chap. 645
	School Health/School-Based Health Services	1993 N.Y. Laws, Chap. 104
		1994 N.Y. Laws, Chap. 170
	Substance Abuse	1992 N.Y. Laws, Chap. 356
		1994 N.Y. Laws, Chap. 230
		1994 N.Y. Laws, Chap. 407
	Tobacco	1992 N.Y. Laws, Chap. 799
		1994 N.Y. Laws, Chap. 493
		1994 N.Y. Laws, Chaps. 565 and 691

North Carolina	Community Health Services	1994 N.C. Sess. Laws, Chap. 769
	HIV/AIDS	1994 N.C. Sess. Laws, Chap. 769
	Insurance	1994 N.C. Sess. Laws, Chap. 716
	Medicaid	1992 N.C. Sess. Laws, Chap. 900, Secs. 143 and 145
	Pregnancy/Parenting	1992 N.C. Sess. Laws, Chap. 900
		1992 N.C. Sess. Laws, Chap. 900, Sec. 168
		1992 N.C. Sess. Laws, Chap. 900, Secs. 143 and 145
	School Health/School-Based Health Services	1992 N.C. Sess. Laws, Chap. 900, Sec. 168
	Substance Abuse	1993 N.C. Sess. Laws, Resolution 27
Ohio	Substance Abuse	Vol. 145, 1994 Ohio Laws, S. 209
		Vol. 145, 1994 Ohio Laws, H. 391
Oklahoma	Abstinence/Sexuality Education	1994 Okla. Sess. Laws, HJR 1078
		1994 Okla. Sess. Laws, Chap. 170
	HIV/AIDS	1994 Okla. Sess. Laws, HJR 1078
	Medicaid	1993 Okla. Sess. Laws, HJR 1001
	Mental Health	1993 Okla. Sess. Laws, HJR 1001
	Pregnancy/Parenting	1994 Okla. Sess. Laws, Chap. 170
	Sexually Transmitted Diseases	1994 Okla. Sess. Laws, Chap. 170
	Substance Abuse	1992 Okla. Sess. Laws, Chap. 5
		1993 Okla. Sess, Laws, HJR 1001
	Tobacco	1994 Okla. Sess. Laws, Chap. 137
Oregon	Abstinence/Sexuality Education	1993 Or. Laws, Chap. 775
	Contraception/Family Planning	1993 Or. Laws, Chap. 775
	Substance Abuse	1993 Or. Laws, Chap. 421
Puerto Rico	Adolescent Health (miscellaneous)	1994 Puerto Rico Laws, Act 86
	Substance Abuse	1993 Puerto Rico Laws, Act 128
		1994 Puerto Rico Laws, Act 118
	Tobacco	1993 Puerto Rico Laws, Act 62
		1993 Puerto Rico Laws, Act 128
Rhode Island	Pregnancy/Parenting	1993 R.I. Pub. Laws, Chap. 216
	Substance Abuse	1993 R.I. Pub. Laws, Chap. 216
South Carolina	Contraception/Family Planning	1994 S.C. Acts, Act 471
	Mental Health	1993 S.C. Acts, Act 39
		1994 S.C. Acts, Act 570
	Pregnancy/Parenting	1993 S.C. Acts, Act 165
		1993 S.C. Acts, SJR 404
	School Health/School-Based Health Services	1994 S.C. Acts, Act 441
		1994 S.C. Acts, Act 570

South Dakota	Adolescent Health (miscellaneous)	1994 S.D. Sess. Laws, Chap. 293
	Mental Health	1992 S.D. Sess. Laws, Chap. 195
		1994 S.D. Sess. Laws, Chap. 225
	School Health/School-Based Health Services	1994 S.D. Sess. Laws, Chap. 293
	Tobacco	1994 S.D. Sess. Laws, Chap. 280
Tennessee	Contraception/Family Planning	1993 Tenn. Pub. Acts, Chap. 255
	Medicaid	1993 Tenn. Pub. Acts, Chap. 255
	Mental Health	1993 Tenn. Pub. Acts, Chap. 283
		1994 Tenn. Pub. Acts, Chap. 917
	Pregnancy/Parenting	1992 Tenn. Pub. Acts, Chap. 990
	Substance Abuse	1994 Tenn. Pub. Acts, Chap. 607
		1994 Tenn. Pub. Acts, Chap. 783
	Tobacco	1992 Tenn. Pub. Acts, Chap. 700
		1993 Tenn. Pub. Acts, Chap. 280
		1994 Tenn. Pub. Acts, Chap. 872
Texas	Mental Health	1993 Tex. Gen. Laws, Chap. 573
		1993 Tex. Gen. Laws, Chap. 705
	Pregnancy/Parenting	1993 Tex. Gen. Laws, Chap. 830
		1993 Tex. Gen. Laws, Chap. 907
	Substance Abuse	1993 Tex. Gen. Laws, Chap. 705
Utah	Insurance	1994 Utah Laws, Chap. 314
	Medicaid	1994 Utah Laws, Chap. 314
	Substance Abuse	1994 Utah Laws, Chap. 168
	Tobacco	1994 Utah Laws, Chap. 168
Vermont	Mental Health	1994 Vt. Acts, Act 203
	Substance Abuse	1994 Vt. Acts, Act 150
Virginia	Mental Health	1994 Va. Acts, HJR 235
		1994 Va. Acts, Chap. 760
		1994 Va. Acts, Chap. 761
	Pregnancy/Parenting	1994 Va. Acts, Chap. 760
		1994 Va. Acts, Chap. 761
	School Health/School-Based Health Services	1994 Va. Acts, HJR 165
	Substance Abuse	1992 Va. Acts, Chap. 708
		1994 Va. Acts, Chap. 480
		1994 Va. Acts, Chap. 760
		1994 Va. Acts, Chap. 761
		1993 Va. Acts, Chaps. 819 and 856
		1994 Va. Acts, Chap. 844
	Tobacco	1994 Va. Acts, Chap. 305
		1993 Va. Acts, Chap. 631

Washington	Abstinence/Sexuality Education	1994 Wash. Laws, Chap. 299
		1993 Wash. Laws, Chap. 407
	Community Health Services	1993 Wash. Laws, Chap. 407
	Contraception/Family Planning	1994 Wash. Laws, Chap. 299
		1993 Wash. Laws, Chap. 407
	Insurance	1994 Wash. Laws, Chap. 246
	Pregnancy/Parenting	1994 Wash. Laws, Chap. 299
		1993 Wash. Laws, Chap. 407
	Substance Abuse	1992 Wash. Laws, Chap. 205, Sec. 306
	Tobacco	1994 Wash. Laws, Chap. 202
West Virginia	Medicaid	1992 W. Va. Acts, Chap. 57
	Substance Abuse	1994 W. Va. Acts, Chap. 24
	School Health/School-Based Health Services	1992 W. Va. Acts, Chap. 57
		1994 W. Va. Acts, Chap. 24
	Tobacco	1994 W. Va. Acts, Chap. 68
Wisconsin	Mental Health	1993 Wis. Laws, Act 16, Secs. 868 and 869
		1994 Wis. Laws, Act 446
	Pregnancy/Parenting	1993 Wis. Laws, Act 16, Sec. 153
	Substance Abuse	1992 Wis. Laws, Act 171
		1994 Wis. Laws, Act 446
	Tobacco	1994 Wis. Laws, Act 210

Appendix B

RESOURCE DIRECTORY

ABSTINENCE

Americans for a Sound AIDS/HIV Policy
P.O. Box 17433
Washington, D.C. 20041-0433
phone: (703) 471-7350
fax: (703) 471-8409

ADOLESCENT HEALTH

The Adolescent Resource Network
1200 Allegheny Tower
625 Stanwix Street
Pittsburgh, Pennsylvania 15222
phone: (412) 288-2139
fax: (412) 288-9036

Advocates for Youth
(formerly Center for Population Options)
1025 Vermont Avenue, NW, Suite 200
Washington, D.C. 20005
phone: (202) 347-5700
fax: (202) 347-2263

Association of Maternal and Child Health Programs
1350 Connecticut Avenue, NW, Suite 803
Washington, D.C. 20036
phone: (202) 775-0436
fax: (202) 775-0061

Association of State and Territorial Health Officials
415 Second Street, NE, Suite 200
Washington, D.C. 20002
phone: (202) 546-5400
fax: (202) 544-9349

Carnegie Council on Adolescent Development
2400 N Street, NW, Sixth Floor
Washington, D.C. 20037-1153
phone: (202) 429-7979
fax: (202) 775-0134

Center for Continuing Education in Adolescent Health
Division of Adolescent Medicine
Children's Hospital Medical Center
333 Burnet Avenue
Cincinnati, Ohio 45229
phone: (513) 559-4681
fax: (513) 559-7844

Center on Budget and Policy Priorities
777 North Capitol Street, NE, Suite 705
Washington, D.C. 20002
phone: (202) 408-1080
fax: (202) 408-1056

Children's Defense Fund
25 E Street, NW
Washington, D.C. 20001
phone: (202) 628-8787
fax: (202) 662-3788

Maternal and Child Health Bureau
Adolescent Health Branch
Parklawn Building, Room 18A-39
5600 Fishers Lane
Rockville, Maryland 20857
phone: (301) 443-4026
fax: (301) 443-1296

Adolescent Health, cont'd.

National Adolescent Health Information Center
1388 Sutter Street, 11th Floor
San Francisco, California 94109
phone: (415) 476-5255
fax: (415) 476-0705

National Adolescent Health Resource Center
Division of General Pediatrics and Adolescent Health
Medical School, Suite 205
1313 Fifth Street, SE
Minneapolis, Minnesota 55414
phone: (612) 627-4488
fax: (612) 627-4487

National Coalition of Advocates for Youth
100 Boylston Street, Suite 737
Boston, Massachusetts 02116
phone: (617) 357-8507
fax: (617) 357-9549

National Conference of State Legislatures
HIV and Adolescent Health Project
1560 Broadway, Suite 700
Denver, Colorado 80202-5140
phone: (303) 830-2200
fax: (303) 863-8003

National Governors' Association
Center for Policy Research
444 North Capitol Street, NW, Suite 267
Washington, D.C. 20001-1512
phone: (202) 624-5300
fax: (202) 624-5313

National Network of Runaway and Youth Services
1319 F Street, NW, Suite 401
Washington, D.C. 20004
phone: (202) 783-7949
fax: (202) 783-7955

The Youth Development Information Center
National Agricultural Library
U.S. Department of Agriculture
10301 Baltimore Boulevard, Room 304
Beltsville, Maryland 20705
phone: (301) 504-6400
fax: (301) 504-6409

Community Health

National Association of Community Health Centers
1330 New Hampshire Avenue, NW
Washington, D.C. 20036
phone: (202) 659-8008
fax: (202) 659-8519

Family Planning

The Alan Guttmacher Institute
120 Wall Street
New York, New York 10005
phone: (212) 248-1111
fax: (212) 248-1951

Center for Health Training
State Family Planning Administrators
1809 Seventh Avenue, Suite 400
Seattle, Washington 98101
phone: (206) 447-9538
fax: (206) 447-9539

The Center for Reproductive Law and Policy
120 Wall Street, 18th Floor
New York, New York 10005
phone: (212) 514-5534
fax: (212) 514-5538

National Family Planning and Reproductive Health Association
122 C Street, Suite 380
Washington, D.C. 20001-2109
phone: (202) 628-3535
fax: (202) 737-2690

National Organization on Adolescent Pregnancy,
Parenting, and Prevention
4421A East-West Highway
Bethesda, Maryland 20814
phone: (301) 913-0378
fax: (301) 913-0380

FAMILY PLANNING, CONT'D.

Office of Population Affairs Clearinghouse
(formerly Family Life Information Exchange)
P.O. Box 30686
Bethesda, Maryland 20824-0686
phone: (301) 654-6190
fax: (301) 907-9655

Office of Population Affairs
Office of Family Planning
East-West Towers, Suite 200
West Tower
5600 Fishers Lane
Rockville, Maryland 20857
phone: (301) 594-4000
fax: (301) 594-5980

Planned Parenthood Federation of America
810 Seventh Avenue
New York, New York 10019
phone: (212) 541-7800
fax: (212) 245-1845

GAY, LESBIAN, BISEXUAL AND TRANSGENDER YOUTH

American Psychological Association
Lesbian and Gay Concerns
750 First Street, NE
Washington, D.C. 20002-4242
phone: (202) 336-6037
fax: (202) 336-6040

National Advocacy Coalition on
Youth and Sexual Orientation
1025 Vermont Avenue, NW, Suite 200
Washington, D.C. 20005
phone: (202) 783-4165
fax: (202) 347-2263

National Gay and Lesbian Task Force
1434 14th Street, NW
Washington, D.C. 20009-4309
phone: (202) 332-6483
fax: (202) 332-0207

HIV/AIDS/STDs

American Civil Liberties Union Foundation
National Headquarters
Lesbian and Gay Rights/AIDS Project
132 West 43rd Street
New York, New York 10036
phone: (212) 944-9800 x545
fax: (212) 869-9061

American Academy of Pediatrics
Department of Government Liaison
Pediatric AIDS Coalition
601 13th Street, NW, Suite 400
North Washington, D.C. 20005
phone: (202) 347-8600
fax: (202) 393-6137

American Bar Association
AIDS Coordinating Committee
1800 M Street, NW, Suite 200
Washington, D.C. 20036
phone: (202) 331-2248
fax: (202) 331-2225

American Foundation for AIDS Research
Public Policy Office
1828 L Street, NW, Suite 802
Washington, D.C. 20036
phone: (202) 331-8600
fax: (202) 331-8606

American Institute for Teen AIDS Prevention
P.O. Box 136116
Fort Worth, Texas 76136
phone: (817) 237-0230
fax: (817) 238-2048

American Red Cross, National Headquarters
Office of HIV/AIDS Education
1750 K Street, NW, Seventh Floor
Washington, D.C. 20006
phone: (202) 973-6000
fax: (202) 973-6043

HIV/AIDS/STDs, CONT'D.

American Social Health Association
31 Massachusetts Avenue, NE
Washington, D.C. 20002
phone: (202) 543-9129
fax: (202) 543-5327
National STD Hotline: (800) 227-8922

Centers for Disease Control and Prevention
National AIDS Hotline
confidential address
phone: (800) 342-AIDS (2437)
Spanish service: (SIDA) (800) 344-7432
Deaf service: (TDD) (800) 243-7889
Clearinghouse: (800) 458-5231

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Adolescent and School Health
4770 Buford Highway, NE MS-K33
Atlanta, Georgia 30341-3724
phone: (404) 488-5330
fax: (404) 488-5665

Centers for Disease Control and Prevention
National Center for Prevention Services
Mail Stop E-02
Division of Sexually Transmitted Diseases and HIV Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30333
phone: (404) 639-8188
Fax: (404) 639-8609

Center for Women Policy Studies
National Resource Center on Women and AIDS
2000 P Street, NW, Suite 508
Washington, D.C. 20036
phone: (202) 872-1770
fax: (202) 296-8962

George Washington University
Intergovernmental Health Policy Project
AIDS Policy Center
2021 K Street, NW, Suite 800
Washington, D.C. 20006
phone: (202) 872-1445
fax: (202) 785-0114

National Alliance of State and Territorial AIDS Directors
444 North Capitol Street, NW, Suite 617
Washington, D.C. 20001
phone: (202) 434-8090
fax: (202) 434-8092

National Native American AIDS Prevention Center
2100 Lakeshore Avenue, Suite A
Oakland, California 94606
phone: (800) 283-2437
fax: (510) 444-1593

North American Union Against Sexually Transmitted Diseases and HIV
5801 Tudor Lane
Rockville, Maryland 20852
phone: (301) 230-2762
fax: (301) 230-2498

MEDICAID

American Public Welfare Association
810 First Street, NE, Suite 500
Washington, D.C. 20002-4267
phone: (202) 682-0100
fax: (202) 289-6555

Medicaid Bureau
Health Care Financing Administration
Room 233, East High Rise
6325 Security Boulevard
Baltimore, Maryland 21207-5187
phone: (410) 966-7172
fax: (410) 966-0255

MENTAL HEALTH

Brazelon Center for Mental Health Law
1101 15th Street, NW, Suite 1212
Washington, D.C. 20005-5002
phone: (202) 467-5730
fax: (202) 223-0409

MENTAL HEALTH, CONT'D.

Mental Health Policy Resource Center
1730 Rhode Island Avenue, NW, Suite 308
Washington, D.C. 20036
phone: (202) 775-8826
fax: (202) 659-7613

National Mental Health Association
1021 Prince Street
Alexandria, Virginia 22314-2971
phone: (703) 684-7722
fax: (703) 684-5968

MINORITY HEALTH

Asian and Pacific Islander Health Forum
116 New Montgomery Street, Suite 531
San Francisco, California 94105
phone: (415) 541-0866
fax: (415) 541-0748

Indian Health Service
5600 Fishers Lane, Room 6-05
Rockville, Maryland 20857
phone: (301) 443-1083
fax: (301) 443-4794

National Black Women's Health Project
1237 R.D. Abernathy Boulevard, SW
Atlanta, Georgia 30310
phone: (404) 758-9590
fax: (404) 758-9661

National Coalition of Hispanic Health and Human Services Organizations
1501 16th Street, NW
Washington, D.C. 20036
phone: (202) 387-5000
fax: (202) 797-4353

National Council of La Raza
810 First Street, NE, Suite 300
Washington, D.C. 20002
phone: (202) 289-1380
fax: (202) 289-8173

National Indian Health Board
1385 South Colorado Boulevard
Denver, Colorado 80222
phone: (303) 759-3075
fax: (303) 759-3674

National Medical Association
1012 10th Street, NW
Washington, D.C. 20001
phone: (202) 371-1616
fax: (202) 371-5676

National Urban League
Health Program
500 East 62nd Street
New York, New York 10021
phone: (212) 310-9000
fax: (212) 593-8250

Office of Minority Health
Public Health Service
5515 Security Lane, Suite 1000
Rockville, Maryland 20852
phone: (301) 443-5084
fax: (301) 594-0767

Office of Minority Health Resource Center
P.O. Box 37337
Washington, D.C. 20013-7337
phone: (301) 587-1938
fax: (301) 589-0884

SCHOOL HEALTH

American Association of School Administrators
1801 North Moore Street
Arlington, Virginia 22209
phone: (703) 528-0700
fax: (703) 841-1543

American Nurses Association
600 Maryland Avenue, SW, Suite 100 West
Washington, D.C. 20024
phone: (202) 651-7000
fax: (202) 651-7001

SCHOOL HEALTH, CONT'D.

American School Health Association
7263 State Route #43
Kent, Ohio 44240
phone: (216) 678-1601
fax: (216) 678-4526

Association for the Advancement of Health Education
1900 Association Drive
Reston, Virginia 22091
phone: (703) 476-3437
fax: (703) 476-6638

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention
and Health Promotion
Division of Adolescent and School Health
4770 Buford Highway, NE MS-K33
Atlanta, Georgia 30341-3724
phone: (404) 488-5330
fax: (404) 488-5665

Council of Chief State School Officers
One Massachusetts Avenue, NW, Suite 700
Washington, D.C. 20001
phone: (202) 408-5505
fax: (202) 408-8072

George Washington University
Making the Grade: State and Local Partnerships
to Establish School Based Health Centers
1350 Connecticut Avenue, NW, Suite 505
Washington, D.C. 20036
phone: (202) 466-3396
fax: (202) 466-3467

National Association of State Boards of Education
1012 Cameron Street
Alexandria, Virginia 22314
phone: (703) 684-4000
fax: (703) 836-2313

National Education Association
Health Information Network
1201 16th Street, NW
Washington, DC 20036
phone: (202) 822-7570
fax: (202) 822-7775

National School Health Education Coalition
1400 I Street, Suite 520
Washington, D.C. 20005
phone: (202) 408-0222
fax: (202) 408-8922

National Center for Health Education
72 Spring Street, Suite 208
New York, New York 10012
phone: (212) 334-9470
fax: (212) 334-9845

National Health/Education Consortium
Institute for Educational Leadership
1001 Connecticut Avenue, NW, Suite 267
Washington, D.C. 20036
phone: (202) 822-8405
fax: (202) 872-4050

National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
phone: (703) 838-6722
fax: (703) 683-7590

Office of School Health
University of Colorado, School of Nursing
4200 East Ninth Avenue - C287
Denver, Colorado 80262
phone: (303) 270-7435
fax: (303) 270-3198

SEXUALITY EDUCATION

Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158
phone: (800) 225-4276
fax: (617) 969-5979
fax: (202) 822-7775

Sexuality Education, cont'd.

Centers for Disease Control and Prevention
National Center for Prevention Services
Mail Stop E-02
Division of Sexually Transmitted Diseases
and HIV Prevention
1600 Clifton Road, NE
Atlanta, Georgia 30333
phone: (404) 639-8188
fax: (404) 639-8609

Sexuality Information and Education Council
of the United States
130 West 42nd Street, Suite 2500
New York, New York 10036
phone: (212) 819-9770
fax: (212) 819-9776

Substance Abuse

National Association of State Alcohol
and Drug Abuse Directors
444 North Capitol Street, NW, Suite 642
Washington, D.C. 20001
phone: (202) 783-6868
fax: (202) 783-2704

Office of Substance Abuse Prevention
National Clearinghouse for Alcohol
and Drug Information
P.O. Box 2345
Rockville, Maryland 20847-2345
phone: (800) 729-6686
fax: (301) 468-6433

Suicide

Youth Suicide National Center
445 Virginia Avenue
San Mateo, California 94402
phone: (415) 342-5755
fax: (415) 342-6615

Tobacco

Coalition on Smoking OR Health
1150 Connecticut Avenue, NW, Suite 820
Washington, D.C. 20036
phone: (202) 452-1184
fax: (202) 452-1417

Office on Smoking and Health
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K50
Atlanta, Georgia 30341
phone: (404) 488-5708
fax: (404) 488-5939

The Tobacco Institute
1875 I Street, NW, Suite 800
Washington, D.C. 20006
phone: (202) 457-4800
fax: (202) 457-9350

Appendix C

State Adolescent Health Coordinators/Directors

Alabama

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Alaska

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Arizona

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California

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Maternal and Child Health Bureau
714 P Street, Room 750
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Colorado

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Denver, Colorado 80222
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CONNECTICUT

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School and Adolescent Health
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Hartford, Connecticut 06106
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DELAWARE

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School-Based Health Centers
Department of Health and Social Services
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DISTRICT OF COLUMBIA

Colevia Carter
Coordinator
Adolescent Health
Department of Human Services
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or (202) 673-4551 message
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FLORIDA

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Senior R.N. Nursing Consultant
Department of Health and Rehabilitative Services
Family Health Services
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Tallahassee, Florida 32399-0700
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GEORGIA

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878 Peachtree Street, NE, Suite 217
Atlanta, Georgia 30309
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GUAM

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HAWAII

Candice Radner
Planner
Community Adolescent Program
State Department of Health
School Health Services Branch
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IDAHO

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Illinois

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Indiana

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Department of Public Health
Division of Family and Community Health
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Kansas

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Kentucky

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Louisiana

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Department of Health and Hospitals
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Maine

DeEtte Hall, R.N., M.N., P.N.P.
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Teen and Young Adult Health Program
Department of Human Services
Division of Maternal and Child Health
State House Station, #11
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Maryland

Despina Sapounakis
Department of Health and Mental Hygiene
Office of Child Health
201 West Preston Street
Baltimore, Maryland 21201
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Massachusetts

Diane Hagan
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Department of Public Health
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MICHIGAN

Nell Pizzo
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MINNESOTA

Kathleen Kalb, R.N.C., M.S., C.P.N.P.
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Adolescent Health
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MISSISSIPPI

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MISSOURI

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MONTANA

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Acronyms and Abbreviations

AIDS	Acquired immune deficiency syndrome
AFDC	Aid to Families with Dependent Children (Title IV-A)
DARE	Drug Abuse Resistance Education
GED	General equivalency diploma
FY	Fiscal year
HIV	Human immunodeficiency virus, which causes AIDS
HMO	Health maintenance organization
SBHC	School-based health clinic (or center)
STDs	Sexually transmitted diseases
TB	Tuberculosis

ADOLESCENT HEALTH ISSUES STATE ACTIONS 1992-1994

Beyond basic care, adolescents benefit from health services that address risky but preventable behaviors. These behaviors include sexual activity and abuse of alcohol and other drugs.

Adolescent Health Issues: State Actions 1992 - 1994 summarizes approximately 300 laws and resolutions concerning adolescent health issues passed by the 50 states, commonwealths, and territories. It lists by topic laws pertaining to abstinence, community health services, contraception, family planning, HIV/AIDS and other sexually transmitted diseases, insurance, Medicaid, mental health, adolescent pregnancy and parenting, school health and school-based health services, sexuality education, substance abuse, and tobacco.

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